THE CANADIAN NURSE

UME 54 • NUMBER 2
MONTREAL

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EBRUARY 1958

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WHO IN ACTION
(See Page 92)

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THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 54 **NUMBER 2**

FEBRUARY 1958

92 BETWEEN OURSELVES

94 NEW PRODUCTS

101 A PROFESSION AND ITS JOURNAL.....*A. Isobel MacLeod*

103 OPPORTUNITIES WITH WHO.....*Elizabeth Hill*

105 A NURSE BECOMES A PATIENT.....*Zina L. Hopwood*

106 NURSING SERVICE IN THE HOSPITAL.....*Sr. L. Mongrain*

110 EDUCATION, THEN SERVICE.....*J. E. MacGregor*

114 DEAR DOCTOR ATLEE.....*Hazel I. Miller*

115 THE FIRST INJECTION.....*Judith Nelson*

117 CONVENTION PERSONALITY.....*Dorothy M. Percy*

118 NURSING PROFILES

120 IN MEMORIAM

121 ANNUAL MEETING IN ALBERTA

122 TEACHER-NURSE COMMUNICATIONS IN AN ELEMENTARY SCHOOL.....*Norah A. Woods*

125 NURSING ACROSS THE NATION

127 LE NURSING À TRAVERS LE PAYS

130 GUIDÉE PAR L'ETOILE POLAIRE.....*Michelle Thériault*

132 SÉLECTION

138 SIMPLIFIED PARLIAMENTARY PROCEDURE

142 GOING HOME.....*Syretha S. Milley*

146 ELLES ETAIENT TROIS MILLE CENT DIX-HUIT.....*Fernande Verret*

148 SASKATOON STUDENT NURSES' CONFERENCE.....*Lois L. Smith*

150 CHILD WELFARE IN THE SOVIET UNION.....*Hazel Walsh*

156 BOOK REVIEWS

160 THE FEAST OF LIGHTS

162 NEWS NOTES

171 EMPLOYMENT OPPORTUNITIES

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Between Ourselves

BEGINNING THIS MONTH, we are to be honored with guest editorials written by the chairmen of four of the National Committees. Each of these busy women not only holds a responsible position but also devotes a considerable portion of her so-called "leisure hours" to one or another of the phases of the program of our national association.

Opening this brief series, we are proud and happy to welcome the chairman most intimately associated with the work of our *Journal*, Mrs. Isobel MacLeod. Mrs. MacLeod has been a member of the Editorial Board of *The Canadian Nurse* since 1950, its chairman since 1953. By convention action in 1956 the chairman became a voting member of the CNA Executive Committee for the first time.

Born in Sturgeon Falls, Ontario, **Ann Isobel (Black) MacLeod** graduated from University of Alberta Hospital. She holds her Bachelor's degree from the University of Alberta, her Master of Arts from Columbia University. Many nurses have turned from institutional work to public health nursing. Mrs. MacLeod reversed the order. After many years with the Victorian Order of Nurses, ranging from junior staff nurse to assistant superintendent of the national organization and then director of the Greater Montreal Branch, she accepted the responsibilities of the director of nursing of the Montreal General Hospital in 1953. Married to a psychiatrist, it is but natural that Mrs. MacLeod should be accomplished in human relations. Her quick understanding of problems associated with the production of the *Journal* is most sincerely appreciated.

* * *

Every now and then nurses write to us enquiring regarding opportunities for employment with the World Health Organization. Some of us are well acquainted with many of the Canadian nurses who are filling interesting positions in many exotic countries. Elizabeth Gillespie, for example, has recently gone to a new project in Madras, India, where she is helping to integrate public health nursing into the curriculum of a school of nursing. Lorna Horwood has taken up new work recently in Formosa. She will help with the mental health aspects of the basic nursing program. Our cover photograph shows Queenie Donaldson at work in a V.D. clinic in Addis Ababa. She has since been transferred to the Sudan.

To get a definite answer regarding the requirements read "Opportunities with WHO" written by **Elizabeth Hill** who is assistant chief of the Nursing Section of the World Health Organization. For further details look at the advertisement on page 179.

* * *

When the quite large number of Canadian nurses returned from the ICN Congress in Rome, many of them were beseiged with invitations to speak to local groups, to give their impressions, to show the pictures they had taken, to tell about their subsequent travels. Two of them have sent us their stories. **Fernande Verret** of Quebec City describes the Congress sessions. **Syretha (Squires) Milley**, of St. Catharines, Ont., gives us some of her impressions of the several places she visited as well.

* * *

Have you ever had occasion to undergo surgery since you graduated? Did it give you a different point of view to be the patient, the waited-upon, instead of giving the care? **Zina Hopwood** describes simply but in telling fashion her feelings on being a patient for the first time.

* * *

While you are completing your plans to attend the 50th anniversary convention of the Canadian Nurses' Association next June, preparations are in full swing in Ottawa to make it a most memorable event. Dozens of local nurses have been organized into smoothly functioning subcommittees. Overseeing all of the activity is the president of District 8, R.N.A.O., **Ethel M. Gordon**, who is also chairman of the Arrangements Committee. She is introduced to you in the the first of our Convention Personalities series. Watch for this feature in each issue from now until next June.

Much greater emphasis will be placed on cultural, citizenship and avocational education for children and adults in the age of automation. Moreover, education for earning a living "will be increasingly supplemented by the slower and more difficult education for service to mankind."—*TC Topics*

* * *

Some so-called meetings often turn out to be collisions. — *Hospitals*

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The Directress of Nurses, 343 West 50th Street, New York City 19

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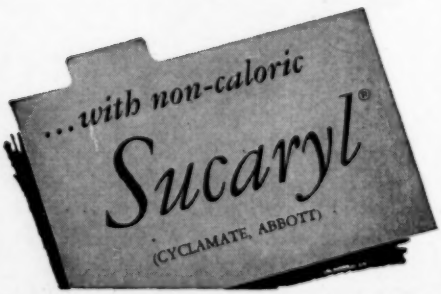

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THE CANADIAN NURSE

L'Infirmière canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 54 NUMBER 2

MONTREAL, FEBRUARY, 1958

A Profession and Its Journal

A PROFESSIONAL JOURNAL both reflects and stimulates the maturity of the profession it serves. It is the profession's means of communication with its own members and with the outside world. A profession, like an individual, must be able to speak with meaning to other people and to listen with comprehension if it is to attain full maturity through service. There must be opportunities for the practitioners to grow through shared experiences, through opportunities to influence and be influenced and to feel their identity with one another. We believe that some gratifying evidence of a new stature can be seen in Canadian nursing and in *The Canadian Nurse* as it reflects and stimulates professional growth.

Even within the last year, one can observe many encouraging signs. Canadian nurses, in the words of our president, are losing some of their defensiveness.

> We have experimented with, discarded and built up from the bottom again projects on nursing and in all we have not felt called upon to ask for too much help or advice from those outside the profession.

ISOBEL MACLEOD

Miss Hunter went on to say, in her opening remarks at the Canadian Conference on Nursing, that we had arrived at a better understanding of ourselves and are now ready to discuss objectively some of our problems. This is what Canadian nurses did at that conference of which four-fifths of the participants were from outside the nursing profession.

The pages of our *Journal* too, are beginning to show our confidence in listening to what others think of our service. Some of the things we are told are severely critical but one begins to detect a more objective weighing of such criticism on the part of nurses. The replies are thoughtful rather than defensive. We are developing the confidence to learn from unpleasant experience and to listen to our critics with understanding. We are looking at ourselves; we are permitting other people to look at us and we are looking *beyond* ourselves to see where we can make a greater contribution to Canadian society. Our *Journal* is helping us to keep in touch with society. It will, we hope, be used to a greater extent for this purpose. A future step will be for nurses to write more frequently for other professional and non-professional journals.

We are beginning to detect in ourselves a more adult ability to look beyond our own jobs to a broader professional companionship. The recent conference at McMaster University on the role of the director of a school of nursing was, to our knowledge, the first time directors of schools of nursing had come together on such a scale, to share their ideas and experience. Sixty-five directors attended to obtain enlightenment from each other and from leaders in other fields of human service.

There seems to be a more general recognition that it is a professional obligation to experiment, report, modify according to suggestions received and report again. A glance through the pages of *The Canadian Nurse* issues of the past year show a greater tendency to report on studies. The new "Research" section is evidence of the recognition of this responsibility to contribute to the general improvement of professional practice and education. The phenomenal increase in circulation of the *Journal*, (300% in the last 8 years,) is in itself an indication that Canadian nurses feel a wholesome need to be in touch with one another.

There can surely be little doubt that, in spite of or perhaps because of, the many vexing problems nursing in Canada has faced in recent years, there has been a healthy maturation within the profession. Our problems have been great but we have grown to meet them through an increased ability to share knowledge and to profit from critical opinion. The direction is sound but the distance is still far to travel. There is much cause for confidence, however, that the next year will see an even greater use of their *Journal* by Canadian nurses, as a means of stimulating their own growth and of communicating with others who give or use health services.

REFERENCE

1. Hunter, Trenna. *Opening Address*, The Canadian Conference on Nursing, Ottawa, November 4, 1957.

A. ISOBEL MACLEOD
Chairman, Editorial Board
The Canadian Nurse.

Position Available

The International Council of Nurses invites applications for the position of Director of the Division of Nursing Service, shortly to be established at ICN headquarters in London, Eng. Applicants must possess evidence of advanced educational and professional qualifications, have had wide nursing experience and be fluent in English. A knowledge of other languages is desirable.

Further particulars, together with a form of application, may be obtained from the General Secretary, International Council of Nurses, 1 Dean Trench Street, Westminster, London, S.W.I., England.

Applications should be submitted by March 15, 1958.

Opportunities with WHO

ELIZABETH HILL

HOW CAN WE TELL nurses about the work of the World Health Organization?

Many nurses came to Geneva last year, before and after the International Congress of Nurses. We welcomed students, staff nurses, teachers and nurses in administrative positions. They came from all over the world. We are always glad to see them and tell them about the nursing program of WHO; the kind of work that our staff is doing; and some of the things we should like to do.

Our visitors often ask what preparation is needed for a WHO assignment. Often the students look a little crestfallen when they hear that after a nurse has completed her basic nursing education in a recognized school of nursing and also has several years of successful nursing experience, she has only a good beginning for an international assignment. We tell them that, as they gain nursing experience, they also improve their inter-personal skills as a member of a nursing team and it is helpful if this includes experience with students and auxiliary nursing personnel.

Our student visitors realize it will take a long time for them to qualify for an assignment when we tell them that countries request the assistance of WHO in preparing their own nurses for leadership, so naturally we expect nurses who are assigned by WHO to schools of nursing or midwifery to have post-basic education in nursing or midwifery and successful experience as teachers. Public health nurses are sometimes assigned as members of nursing education teams and participate in the teaching program in schools of nursing. Others work with teams engaged in training public health personnel. Some of these posts require public health nurses with midwifery qualifications.

Here are a few examples that will illustrate the work of WHO nurses.

We are helping to strengthen the faculty at the Higher Institute of Nursing, University of Alexandria, Egypt. This school admitted the third class of students in September, 1957. The purpose of this school is to prepare nursing leaders for the Eastern Mediterranean region. Vacant posts at this school include the senior, or team leader; a post which corresponds to the position of Dean of the nursing school. It offers an unusual challenge to contribute to the building of nursing leadership in the Middle East. There are also vacant posts in nursing service administration and public health with mental health.

This program offers a rare opportunity to participate in laying the foundation of a new and growing educational centre for nurses; to learn to know the people of the country, by working closely with them and sharing their interest, as well as the ups and downs of their new venture. After the students have completed their basic program and have acquired practical experience, they will need further post-basic training to prepare them for faculty positions at the University. There are four WHO nurses assigned to this program at present, and plans call for a WHO nursing education team of nine. Egyptian nurses have taken an active part in this program from the beginning. The WHO mission will be finally accomplished when the nursing positions at the University of Alexandria are all filled by local, qualified nurse educators.

Another new University school of nursing, located in Taiwan (Formosa), needs a nurse educator qualified in obstetrics and pediatric nursing, and one for general nursing.

The Government of the Sudan has started a new college of nursing at Khartoum with the help of three WHO nurse educators. They need the help of a nursing instructor for the teaching program in the preclinical areas. Next year they will need another instructor

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in medical and surgical nursing.

Our nursing education team in Afghanistan includes two male nurse tutors, who are helping with a new school for male nurses in Kabul. With the help of the WHO staff, an Afghan male nurse is being prepared for the position of Director of Nursing Service in the hospital where the male students receive part of their clinical experience. The students will also acquire experience in clinics and home visiting. WHO is also helping in the training of female nurses, midwives and auxiliary health personnel in Afghanistan.

WHO is assisting the Government of India to integrate public health in basic nursing education. Public health nurses, with experience in teaching and supervision, are being assigned to schools of nursing in Madras, Nagpur, and one other school to be selected.

Our visitors often ask what languages are required. English is the most usual. Spanish or French is needed in many countries and, if anyone knows where we can find Arabic-speaking nurses, male or female, with public health or teaching experience, do please let us know!

Sometimes, our visitors ask why so much preparation and experience are needed for one of these WHO assignments.

I asked a group of nurses in senior administrative posts, who were attending a nursing seminar in New Delhi, what background they would like WHO nurses assigned to their countries to have. These nurses were from India, Burma, Thailand, Ceylon and Indonesia. They suggested that a nurse on an international assignment should know a good deal about nursing in her own country; she should know the nursing organizations and how they function; and she should be well acquainted with nursing legislation, what it is and how it is promoted. She needs to know about nursing trends, experimental programs, research and current literature. It is also useful if she has some understanding of the ethnic groups in her own country and their cultural differences.

The nurse with a varied professional background, who is interested in an international assignment, should also consider the more intangible qualities in her personality. Her successful nursing experience needs to be reinforced by a capacity to work cooperatively with other people. Her experience should include the progressive assumption of increasing responsibility, which will help her to apply sound judgment in meeting new situations. She needs some understanding of her own culture, which is a good beginning in learning to understand and appreciate a culture that is new to her. She needs the personal confidence and security that will enable her to work *with* people of the country and not *at* them. She has to have the imagination to see the potentials for change in any situation, and the insight that makes her free to discard the crutch of her own tradition and be willing to try new things. She should gain increasing satisfaction as the time approaches when the nurses of the country are prepared to carry on, and her services are no longer needed. In order to achieve this goal, she should accept the need to learn before she is ready to teach. The more experience she gains, the more she will appreciate that this process of learning is slow and continuous, and that, as she learns, she will become gradually aware of a personal and professional enrichment in herself.

Do we have such nurses? We have. When telling our visitors about our work, we think of the 155 WHO nurses, already serving in 44 countries. We are sure that there are more like these who are able and ready to make their professional and personal contribution to international nursing.

Nursing is the care of the sick. It is strength and solace to the mind. It is a gift of peace and worth-whileness of life. It is the love of one's fellow man.

As the artist creates beauty through a brush, the musician, through the medium of sound, and the writer with his pen; so does the nurse use her gifts in the service of mankind — to encourage health, to care for the sick and to set each one upon life's journey, the better for her care.

Nursing is Faith in action; encouragement and hope for better things to come; and the practice of the greatest of all virtues. It is Charity.

—Selected

A Nurse Becomes a Patient

ZINA L. HOPWOOD

I HAVE BEEN A PATIENT! Every nurse should have that experience, at least once. It would probably do more for her knowledge of human relations than months of nursing.

Viewed in the cold light of operating room statistics, mine was to be an exceedingly minor operation. As a nurse I was quite aware of its comparative insignificance, yet as I travelled by bus toward the hospital, the tempo of life seemed to have quickened. Had I ever noticed before how speedily the miles slid by? Was that particular beauty spot not more lovely than ever before? Why must we rush through the countryside? Today I wanted life to move gently and with dignity; today I needed time!

I had entered the hospital doors on many, many occasions both as a student nurse and as a graduate. Always before there had been a sense of expectancy, of importance, of being useful. Now, I was merely a patient, mounting the steps because my physical condition warranted surgical treatment.

A strange face appeared at the admitting wicket. This was somewhat disconcerting. I had expected a familiar receptionist to deal promptly and sympathetically with the ordeal of admission procedure. The young and admittedly new person asked questions in a totally disinterested manner. She had, it seemed, not encountered a patient with next-of-kin so far distant as Alberta. That was "an awful long way" she said. And suddenly I was aware that she was right, it was an *awful* long way!

The informality of a small hospital and the special welcome reserved for home-coming graduates, assured me the privilege of having the head nurse come to escort me to my room. I had not known how increasingly ill a patient becomes, when a suitcase is firmly removed from her grasp. As the elevator door closed upon us, my incapacity appeared more serious. I was now a patient with no alternative but to follow the nurse who was my guide. I wondered how I should have felt had she been a complete stranger?

Supper had been saved for me, made inviting on a tray set with "the graduates' china," but somehow my usual appetite was lacking. I hurried with the meal, not knowing why, but filled with a sense of urgency. The ward aide who came to remove the almost untouched tray, enquired gloomily how I felt. "Oh, fine, thank you," I assured her heartily, "just *fine!*" "Queer place to come if you're feeling fine!" she remarked succinctly, and departed. I had an idea that she feared the worst.

The second-year nursing student who appeared to do my "prep" was happily absorbed in her plans for an evening with Bob. She carried out the procedure with an impersonal efficiency for which I was disproportionately grateful. Bob, I agreed, seemed to be a very fine young man. I urged her not to keep him waiting.

As a general rule sleep touches me swiftly, with restful fingers. Why then, could I not relax that first night in hospital? The mattress was comfortable; the bedding adequate; the room cool, dark and familiar; the hospital sounds undisturbing to my accustomed ears. Yet even with the aid of seconal I slept only a few hours. What of the patient faced with major surgery in a strange environment, surrounded by unknown sights and sounds and personnel? Again — I wondered.

I had forgotten how blue a morning sky appears from the unfrosted top panes of the operating room windows. From the level of the "O.R." table one can see the tops of trees stretching green arms to the sunlight; one glimpses the swift flight of birds. I wished that all surgical patients might have as satisfying a memory in those last few conscious moments. Shining instruments, white-gowned figures,

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brilliant lights are not conducive to peace of mind — even when the patient is a nurse!

The operation was over — I was back in my room with the cheerful face of my nurse bending over me. I used to wonder at the near worship with which many patients regard hospital personnel. Now I know the reason. In that split second before dark oblivion, one's doctor becomes all powerful — into his gloved hands the patient places that most precious possession, life itself. Now I know why one sometimes catches a glimpse of adoration in the eyes of those who have returned from an operating room. The nurse who guides one back to consciousness is an angel above all women, her strength is as the strength of thousands, her judgment is infallible.

My doctor sent me home with the assurance that he believed all was well, but he would send a report — just in case. Again, as a nurse I knew that there was little possibility of recurring difficulty. Should the worst materialize, I had no dependents leaning upon my financial support; no need to fear a costly illness, covered as I was by insurance. Yet the next week dragged. Supposing the doctor had made a mistake? Supposing I were to become an invalid? Supposing . . . supposing . . . supposing?

With new understanding I experienced a totally different concept of the patient who lies in a hospital bed awaiting the outcome of tests. Never will I brush aside as unimportant the anxious enquiry, "Nurse, has my report come back yet?" I shall take time to sit beside my patient, to explain what is being done, to leave behind some degree of optimism, some knowledge of the marvels of modern science.

My report arrived by mail. It was entirely satisfactory — I was well, and strong, and ready to return to duty! I should have scoffed at anyone who dared to suggest that I had been worried — but suddenly the October air was as wine in my veins. I wanted to hurry to the bedsides of those less fortunate, to share with them this wonderful understanding of what it means to have been a patient . . . "To heal the sick is to acquire merit; but first one gets knowledge."

Nursing Service in the Hospital

Its Responsibility to the Educational Program

SISTER L. MONGRAIN, s.g.m. B.Sc.

THE CONCEPT OF A hospital nursing service, the functions it fulfils, and its program of work evolve necessarily from the organization in which it is placed, and the objective inherent to the organized purpose. In other words, to define a nursing service, interpretation must first be given to the setting in which it operates.

Different will be the interpretation of a nursing service in a clinic, in a public health area, in a 50-bed hospital, in a 200-bed hospital with a school of nursing and a teaching hospital where student nurses, medical interns, dietitians, patients and technologists of every variety receive instruction and guidance. Different also would be the interpretation of a nursing service in a university hospital where the objective is centered upon education and research. In any case it includes the support of policies, rules and regulations of the organization.

To give nursing service its rightful interpretation, then, let us set it within an institution whose objective is service to the patient, and education and research for better service.

The leadership of our nursing serv-

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ice comes from the administrative body of the hospital and the director of the school. The director of nursing service is the link between the administrator, the director of the school and the various departments of the hospital. She is responsible to define the aim, standards and policies of the service and organize the total service so that lines of authority are clearly defined. She must also establish principles of management and supervision which will accomplish the desired end. She must evaluate the activities within the service and distribute nursing power according to conditions and needs. She must incorporate the philosophy of the institution and personnel guidance at every point within the service. She must study and evaluate the needs of the service and interpret them to the administrator. She must measure the strengths and weaknesses of the service at all levels studying reasons behind the weaknesses in order to overcome them. In other words, she must have her finger on the pulse of all nursing activities within the service.

However, the efficiency of the nursing service as a whole, is entirely dependent upon the efficiency with which the head nurse's unit is administered. (When I refer to head nurse, I have in mind the person responsible for the administration of the ward.) It is to the head nurse that authority is delegated to provide efficient nursing care to the patient and to support the policies of the hospital in the medical care program, the medical education program, the medical research program and in the nursing education program, which is our present topic.

Having established the organization of nursing service, let us now visualize its responsibility to the nursing education program. What do we want to do for the young lady rapping at the door of our school to fulfill her life ambition. All of us want to put out professional women of high calibre, well educated, technically competent, dedicated to their vocation, and able to take the lead in any field of endeavor which they care to choose.

At Geneva in 1952, a commission of nine nurses from nine countries met to study two aspects of the nursing profession: First, what kind of nurses do we need in the various parts of the world today? Second, what is the best way of preparing her for her job? The group reached a common agreement that the kind of professional nurse needed in all parts of the world is one who is prepared, through general and professional education, to share as a member of the health team, in the care of the sick, the prevention of disease and the promotion of health. This will be a person who possesses:

1. The personality and education, both general and professional, the degree of maturity and the possibility of development which will enable her to work efficiently within her social structure.
2. One who is well adjusted in her own living, in her work, and in her relationship with others and who has developed a sense of personal and professional responsibility.
3. One who has the capacity and the will to seek continued growth and educational development.
4. One who is prepared to give total nursing care which includes the social, physical, mental and emotional aspects.
5. One who is prepared to carry out nursing techniques skilfully herself and to teach and supervise other workers, patients, families and communities in nursing and health care.
6. One who participates in community programs and nursing organizations.

The second part of the study remained unanswered. "What is the best way to prepare the nurse for her job."

This program, as you see, places a tremendous load upon the people responsible for the training of these young ladies. While we admit that the personality and competence of the classroom instructors leave a life imprint upon the quality of the student, her clinical experience is, nevertheless, recognized as a very important part of the educational program. Therefore, it has a major influence upon the end result of the training period and consequently upon the standards of the hospital and also upon the standards of the school.

It is in the ward that the student develops her potentialities as a nurse. It is at the bedside that she learns how to integrate her knowledge, that she develops attitudes and skills, that she learns how to recognize symptoms and apply proper treatment, that she learns

how to think and act in case of emergency. Briefly it is at the bedside that the student matures and grows to the size of the truly professional woman whom we need today.

The Clinical Instructor

We, members of the nursing service in a teaching institution, have to share in this wonderful and yet delicate task of preparing these young women for the career awaiting them. We must be teachers.

Closer to the student and more directly responsible for the ward teaching, is the clinical instructor. It is evident that she must exemplify the personality, virtues and ideals of the profession. She must be able to perform any procedure skilfully and have good background knowledge of the total program.

The trend in clinical instruction today is the unification of the program in a perfect correlation between theory and practice. Consequently, the responsibility of the clinical instructor will be to help the student develop skill in the various procedures, to guide her thinking and observations so that she becomes able to recognize the various symptoms, physical, mental, emotional, social etc. and apply proper treatment; also to help her to integrate her knowledge of the physical, social and medical sciences and nursing art and science into the actual situation.

Jensen, in "Clinical Instruction" defines the clinical instructor as

> the member of the faculty who plans and carries out the instructional program, both theory and practice, in one clinical area. This includes not only experience within the hospital, but also integration of the total program, including outpatient department experience and experience in related health and social agencies in the community.

She has a dual responsibility for two equally important fields — nursing service and nursing education — and should therefore be equally if not better prepared than the science and arts instructors.

However, the limited number of qualified instructors available in most centres has pressed the hospitals to make satisfactory compromise. In this institution we have accepted the theory of centralization of authority into the head nurse with the clinical instructor as assistant to the head nurse, as suggested by Randall in "Ward Administration." According to this theory, we encourage the head nurse to participate in the teaching of the students although the administration of the ward will receive her major attention. It is also appropriate and an excellent change as well as a very valuable experience for the clinical instructor to relieve the head nurse for specific periods although the major part of her time will be spent with the students. This close cooperation between the head nurse and the clinical instructor results in an atmosphere of sympathy and understanding on the ward and generally creates a desire to teach among the other members of the nursing team, which in my judgment is essential.

The Head Nurse

The ideal head nurse, while covering the complete management of her unit with understanding and skill, provides for all the needs, spiritual, mental, social, emotional, physical and therapeutic of all her patients. She likewise cooperates with the clinical instructor in organizing and maintaining a sound clinical program. She rotates the students within her unit and makes assignments. She evaluates students and participates in the counselling and guidance program. Then, and only then, can the head nurse assume her rightful role as the exemplar, the centre of motivation, the leader. She teaches by her example more than by precept, the competence so desirable in the art of professional nursing. She guides, directs, motivates and controls the application of the principles while the student acquires skill, and at the same time acquires the habits, attitudes, virtues and ideals which are exemplified by the head nurse.

Head nurses too often make the statement that they cannot teach, or that they have no time to teach, without recognizing the fact that every time they answer a question, show someone how to perform a procedure, give a report, explain a treatment they are teaching. That is the type of teaching that is remembered long after classroom lectures are forgotten. The

student applies her knowledge immediately and thus re-enforces it; she is highly motivated to learn because she is assuming responsibility for patient care; both motivation and reenforcement by immediate practice are most important in the process of learning. The head nurse who recognizes these points and uses each opportunity well, is making a tremendous contribution to the educational program.

Value of Reports

The nurse who supervises the care of the patients, gives and receives reports about the patients' condition. The report can be hurried — reading doctors' orders together with a statement of what happened to the patients. It can also be more time-consuming, but of a greater educational value if a brief interpretation is given of why the doctors wish to have accurate intake and output noted or why the patient's blood pressure must be recorded every so often and so on. It is obvious that a better understanding of the why's of care, results in better care; that the time involved is time well spent.

The clinical instructor can also use the report as a very valuable teaching tool for the afternoon nurses who, of necessity, miss the teaching given to the day nurses. The report can be used to explain the why's and how's of treatments and medications, but also it can be used as a quiz. Then too, better understanding will result in better care.

The Team Leader

The role of the head nurse in the educational program applies equally to the team leader. The team leader is a miniature head nurse, and therefore her program as well as her role is identical although on a smaller scale. The team leader being closer to the students, will probably be in a better position to assist, guide and observe them. The team conference is also an excellent teaching tool and affords an invaluable opportunity to discover potentialities and assist in their development.

The General Staff Nurse

The general staff nurse also teaches. The students must be shown, their questions must be answered, all of which make it necessary for every one who works around learners to set good examples, to know what to do and why it should be done in such a manner. As a result, there is a need for more constant and vigilant attention on the part of the graduates to keep high standards of care in situations where students are receiving experience.

We members of the nursing service may be astonished and alarmed by the magnitude of the task, and quite rightly so. Dr. J. F. Leddy, Dean of Arts and Science at the University of Saskatchewan, in a commencement address at the University of North Dakota, developed the subject "Education in a New Age." He compared the beginning of the century, a tranquil and confident decade, the afterglow of the Victorian age, with the first great war, the world depression, the second great war and the postwar period, which brought startling and unusual changes. Following the same idea Janet Geister in "The Old Order Changeth," says

> In no realm is change more evident than in nursing. Our profession appears to be entering into a new age, and thinking nurses are deeply concerned to define the role of the professional nurse in this changing scene.

Summarizing the qualities of the nurses we need today, the role of the professional nurse in this changing scene is one of leadership. A very prominent nursing leader and writer, Perrodin, in supervision of nursing personnel says "What the profession is suffering today is not the shortage of nurses, but the shortage of leaders."

In a recent study made by Sister Mary Thille of St. Boniface Hospital, it appears that 42 per cent of their nurses have shown leadership ability and have accepted leadership positions. Twenty-six per cent of those 42 per cent have furthered their education, taking postgraduate or university courses. This proportion indicates that we who are leaders need to cooperate in discovering and developing whatever potential each one of our students may have for we do need many more nurses who are able to take the lead in the various fields. This is also a very important part of our contribution in the educational program.

Education, Then Service

ONE OF THE RECOMMENDATIONS resulting from the discussions at the Canadian Conference on Nursing held in Ottawa during November, 1957 stated that

> The preparation of the nurse should be an educational experience and the method by which this can best be achieved is through a school which plans and controls the complete educational experience of the student.

This statement in itself is not a new and startling idea — Miss Nightingale first introduced it when she established her school as an independent entity. What is of particular interest is the broad representation within the group who formulated the recommendation — nurses, representatives from the fields of general education, hospital administration, medicine and other related societies as well as lay organizations. Many of them, perhaps for the first time, were made aware of the problems in nursing education and the ways in which nurses are meeting them.

There are several schools in Canada today where experiments in nursing education programs are being conducted along the lines suggested in this recommendation. The story of the experiment at the Metropolitan School in Windsor is a familiar one. After the conclusion of this program, the one that has been the main focus of attention during the past few years has been the course of study conducted in The Atkinson School, Toronto Western Hospital.

History of the Program

Up to 1950, the nursing education program had followed the three-year course of study common to most Canadian schools. There were several elements contributing to a feeling of growing dissatisfaction among staff and students alike. The School had no real home of its own and teaching facilities were inadequate. The necessity for carrying on instruction at two different levels at all times to accommodate a Spring and Fall class made it difficult to provide a satisfying educational experience for either students or staff. Finally, and possibly most frustrating, was the lack of control over the student's time. Where a shortage of nurses existed, the students filled the gap to the detriment of the educational program.

It was recognized that to overcome this situation

> a. the course of training would have to be made more attractive
>
> b. the profession of nursing would have to be given more of a professional status. Other professions had emerged from the apprenticeship method long before — nursing should do the same.[1]

The work of the Demonstration School, Windsor was observed with considerable interest. However, even before Dr. A. R. Lord presented his *Report of the Evaluation of the Metropolitan School of Nursing, Ontario (1952),* Toronto Western authorities had made up their minds to conduct an experiment of their own in nursing education.

A proposed educational program was worked out by Miss Gladys Sharpe, Director of Nursing, and Mrs. Blanche Duncanson, Director of Nursing Education. Briefly it was proposed to follow the example of the Metropolitan School and reduce the years of instruction from three years to two with complete control of the student's time in the hands of the school. The third year was not abolished but became an internship year during which control of the student's time was to be handed over to Nursing Service and she would be paid a wage.

What the immediate objectives of this experimental program were to be are best expressed in a report given by Miss Sharpe at the Chicago Council on Community Nursing.

> 1. To establish a school of nursing with financial and administrative independence as an educational entity of a hospital, thus assuring the complete control of the student's activities.
>
> 2. To determine how and to what extent a two-year program could replace that of the established three-year program.
>
> 3. To attract more young women into

nursing and equip them to serve and meet the increasing needs and changing of society.

To prepare professional workers, any institution must provide the organization, resources and facilities. Being a large general hospital (750 beds) there was ample access to clinical areas in medicine, surgery and obstetrics. Clinicians were available for teaching in the School of Nursing. The facilities of the institution were already being used by the Faculty of Medicine of the University of Toronto. These factors endorsed the adequacy of the resources. Experience in pediatrics, psychiatry and tuberculosis nursing was and is provided through affiliation. Psychiatric experience for one half of the number of students is provided by the Toronto Psychiatric Hospital, the remainder receive their clinical experience in their home school.

Provision of classroom facilities was a major and necessary expenditure. A unit providing such space had to be built and equipped. Additional instructors had to be provided, a 1-10 instructor-student ratio being used to determine the numbers of additional members required. It was decided that two more full-time instructors would be required the first year and a similar increase in the following year.

Financing the Program

To have the program operate as visualized, financial and administrative independence were deemed a necessity. That such a program would present financial problems was recognized early in the planning. The building and equipping of the new educational unit was a major expenditure; nursing service would show rising costs with the withdrawal of the students from the wards; additional instructors meant additional costs in operation of the School.

Like many hospitals, there was no definite estimation of the cost to the institution of educating a student nurse. In 1949 a "Cost Analysis of Nursing Education in the Toronto Western Hospital," by Mr. R. B. Ferguson and based on a three-year course of study provided valuable information. A similar study in 1953 was based on the new program.

To put the plan into operation, a grant was obtained from the Atkinson Foundation and the federal and provincial governments provided a health grant of $261 per student in addition. The cost of education beyond that covered by these sources and tuition fees was assumed as a responsibility by the Hospital.

Organization of the School

One of the fundamental principles underlying the new program was the establishment of the school as an entity. The department of nursing was subsequently reorganized to provide for its two aims — nursing education and nursing service. The Director of Nursing is the chief liaison between these two areas, each of which has its own director. She also provides the communicating link between the School and hospital administrative authorities, medical departments and other governing bodies.

The Director of Nursing Education is responsible for the administration of the educational program. Sixteen full-time instructors two of whom have the status of assistant directors of nursing education, assist her and a dietitian devotes one-half of her time to teaching duties. One senior instructor assumes responsibility for the administration of the course in nursing arts, another assumes similar duties in relation to the basic sciences.

Although nursing education and nursing service areas function as independent units, there is free communication between the two. The head nurse plays an active role in the education of the interning student. Because such is the case all head nurses have had the benefit of postgraduate preparation on a university level before assuming ward administrative duties.

Admission to the School

Smooth functioning of the program was contingent upon the admission of only one class per year. Applicants are accepted at 17 years of age. They must possess a secondary school honor graduation diploma with nine papers. Preparation in the sciences — physics and chemistry or in agriculture — is a requisite.

A tuition fee of $50.00 per year is required and the student also assumes financial obligations relating to uniforms, books, hospitalization insurance etc.

The Curriculum

To plan for a program in which all instruction would be completed within two years required thoughful evaluation and decision as to what is essential and nonessential in the education of a nurse. Unnecessary and time-consuming repetition had to be avoided which called for extensive correlation and integration. Courses such as chemistry, microbiology and anatomy and physiology combined forces to form an integrated course — nursing science. The material in each component subject of this course was evaluated for its relevancy to nursing. That which was irrelevant or of limited value was excluded. First aid and pharmacological principles have been woven into nursing courses to assist the student to grasp the concept of total patient care more readily.

Following completion of the introductory courses to nursing which cover about 20 weeks, the student begins the clinical part of her program. This, with the provision of two four-week vacation periods, will fill the remainder of her two-year course of instruction. During this time instruction and guided clinical experience are given in the care of infants, children and adults in terms of all the various specialties within medicine and surgery. Operative and recovery room nursing are presented with a view to helping the student provide more comprehensive patient care through correlation of the preoperative, operative and postoperative phases in the treatment and rehabilitation of the patient. Affiliation with the Hospital for Sick Children provides pediatric clinical experience and instruction. A similar arrangement with the Toronto Hospital, Weston provides experience in the bedside care of the tubercular patient and also instruction in prophylaxis and rehabilitation as applied to this condition. A unique note in affiliation programs has been introduced through experience in Outpost hospitals of the Canadian Red Cross. It serves to bring the student into closer contact with the community through the more intimate atmosphere of the small hospital.

The role of the nurse in the community has been given much greater emphasis. The student's clinical experience in the outpatient department has become correspondingly much more meaningful. Visits to the patients in their homes, to community centres providing resources for preventive medicine and rehabilitation; observation in speech therapy and rehabilitation departments within the hospital; discussion of health problems within the community — all this and more helps to produce a student who sees well beyond the walls of the hospital and begins to comprehend her responsibilities in disease prevention and health promotion.

The clinical teaching program has been developed extensively. Correlation of theoretical explanation with clinical experience is essential to smooth functioning of the program and the development of a nurse well-grounded in the basic art and science of her profession.

The third year — the internship period — is the time during which the student receives her introduction to staff nursing. She learns to readjust her thinking to the care of a number of patients (limited) rather than one. She learns to plan for comprehensive nursing care of patients assigned to her team. She begins to appreciate some of the complexities of ward administration and, in general, gets her footing as a potential graduate. At this stage she comes under the control of Nursing Service but she still remains a member of the School of Nursing. The Director of Nursing Service plans her schedule in accordance with the regulations for registration. There is joint agreement by the Directors of Nursing Education and Nursing Service upon the length of time to be spent in the various hospital departments. Evening and night duty assignments are also controlled.

The examinations leading to registration are written at the end of the two-year instruction period. Full registration is granted after completion of internship.

Effect on Nursing Service

The chief role of the hospital is to care for the sick. Schools of nursing in most instances came into being for service purposes. Many find it difficult to visualize how nursing service can function adequately with the removal of the student from the picture.

The Atkinson School began its new program in 1950. The following figures briefly show what developed in relation to nursing service.

	1949	*1950*
Administrative Staff	5	7
Head nurses & supervisors	36	44
General staff	121	146
Nursing assistants	67	84

	1957
Administrative Staff	18
Head nurses	36
Assistant head nurses	8
Staff nurses	175
Nursing assistants	160

Nurses' duties at all levels were evaluated — the nursing auxiliary became a valued member of the team. In addition, ward clerks took over many of the time-consuming, routine duties connected with ward administration but not requiring the head nurse's personal attention.

It might be said that introduction of the new program simply urged nursing service on towards instituting those changes that made for more efficient patient care.

Effect on the School

It will be remembered that the chief factor behind the development of the new program was general dissatisfaction with the old one — a feeling shared by staff and students alike.

The success of the program then, in terms of job satisfaction, makes itself evident to the casual visitor to the School in the happy, busy atmosphere; in the interest shown by staff and students.

In a more practical way, the success of the program can be measured in terms of student enrolment. The number of students graduating under the former program in 1950-52 was 173; under the new program 1953-55, 217. The School has facilities for the admission of 90 students per year. Applications per year far exceed the facilities available.

Is this new program preparing the student effectively? In his "Report on Experiment in Nursing Education of The Atkinson School of Nursing," Dr. W. S. Wallace evaluated this objective of the program in terms of the results of the R.N.A.O. registration examinations. Academically the two-year program of study produced results that were far superior to the three-year course. Although the students wrote at the end of two years of study, their standings were appreciably higher than the average of the students from four other hospitals who wrote at the end of their third year. Admittedly, written examination results are no measure of practical ability — estimating success in this area is much more difficult. Nevertheless, the concensus of opinion is that the graduate of the new program is better prepared than her predecessors.

It would be far from the truth to assume that those concerned with this particular program are completely satisfied with it. On the contrary there is constant re-evaluation and adjustment. This is a new pattern of nurse education based on the underlying philosophy of "education, then service." Such a program must, to a degree, "break trail" since the process of changing over from the traditional or conventional program of nursing education is only just beginning.

> This two-year plan is in no sense either a condensation or adaptation of the three-year curriculum. The two-year program must be created and developed in its own entity to effect the specific objectives of a school. These objectives determine the nature of the integrated program, methods of instruction and co-ordination with nursing service, the hospital and other community resources for nursing education and experience . . . Nurse education — whatever its length and purpose — is concerned with the student as a person and the technical and professional skills, knowledge and learning experiences that will prepare her to pursue her career. J.E.M.

References

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Dear Doctor Atlee:

YOUR ARTICLE in the September issue of *The Canadian Nurse* is very disturbing from several points of view. Not the least of these is the possible influence it might have on the thinking of other members of the medical profession, who also may be out of touch with up-to-date nurse training institutions.

If you really think that our teaching nurses today "read from notes copied from a book the night before," as you say doctors did 50 years ago, then I suspect it is, a very, *very* long time since you have had any discussion with nursing teachers, or have visited the teaching department of a modern hospital. It almost looks as if you have not bothered to acquaint yourself with the evolution of nursing education, although there are many well written accounts of it. There are also many progressive schools of nursing which would welcome an opportunity to show you the real situation in nursing education today.

The apprentice system *was* used in the early days. Under that system some very fine women were trained to be first-rate nurses but these nurses were the very persons who, from their personal experience, realized its shortcomings and became the leaders in the development of present-day methods. The most obvious inadequacy in the apprentice system, is its inability to cope with more than a few students at a time.

Can you imagine the impact on the wards of 75 students being taught to make beds and bathe patients? Many of the large hospitals today, recruit over 100 preliminary students at a time. When you remember that these students must also learn to give enemas, douches and to catheterize patients, to enumerate but a few of the procedures they are taught, would you be willing to have them practise on your patients? If a student makes an error while she is learning, there is no harm done to "Mrs. Chase," but what of the live patient? And what of the psychological effect on student and patient, of on-the-job instruction only? The young student, even with a carefully supervised practice period behind her, finds her first introduction to actual contact with patients a somewhat terrifying experience. If she were thrust immediately into dealing with ill people, she would probably give up training before she had properly started. The patient who suspected she might be the guinea pig for students, would not only be resentful but she would have no confidence in the young nurse to whose first fumbling ministrations she was subjected.

This does not mean that the value of clinical conferences at the patients' bedside is not recognized by nursing educators. On the contrary, this method is used regularly and widely to enrich the student nurses' experience. But, surely you do not expect us to believe that medical students are taught entirely by this method. What of the years spent in the classrooms, dissecting rooms, laboratories, etc.?

I take exception to many things in your article, but to none more than the sentence, "Nursing is being taught by someone who is no longer a nurse." What a preposterous statement! Are the professors in medical schools no longer doctors because they lecture in medicine, surgery, obstetrics, etc.? It is impossible to teach what one does not know. Therefore, only a nurse can teach nursing effectively. Our present-day instructors are nurses who are keenly aware of changes in nursing practice, drugs and treatments, surgical and medical procedures, and who keep in close touch with the patients. A nurse on the teaching staff has a much better opportunity to keep abreast of such progress and in closer touch with patients than a doctor who makes rounds once a day!

If we are teaching our students too many "unnecessary" things, to quote your article again, it is because the medical profession has demanded that nurses assume more and more of the duties formerly done only by doctors. Nursing educators have had to replan the curricula to meet these demands. Now we seem to be producing two types of nurses one of whom is very highly trained, that is, trained beyond basic patient care — a sort of specialist group, from which administrators, teachers and other leaders may come. The other group receives thorough basic training but no specialization, and is principally responsible for giving nursing care.

I had no idea that a hospital as large

Miss Miller is Director of Nursing, Reddy Memorial Hospital, Montreal.

as the one with which you are associated, would still require the nurses to do all the clerical work. Even the small hospital in which I am employed provides clerical help on all but the smallest wards where the volume of clerical work is too low to keep a clerk fully occupied. We also have nurses' aides who further relieve our nurses of various non-nursing activities, such as running messages, caring for flowers, serving meals, extra nourishment and ice water, etc.

Nurse teachers are certainly not rusticating in classrooms. On the contrary, only a small portion of their time is actually spent in classroom teaching. Some of the teachers' time is required for preparation of lessons but a good deal more than half is spent on the wards with the students, supervising their work, integrating and correlating it to the total patient care program. With this, they expect and receive the help of the charge nurse and other senior staff members.

You are being very hard on your charge nurse, Dr. Atlee, if you expect her to do all the teaching and be responsible for patient care at the same time. Is there not a real danger that she might be forced to resort to reading "from notes copied from a book the night before"? Unless, of course, all your charge nurses are completely dedicated persons who have no interest in any social life and are willing to devote all off duty hours to lesson and examination preparation and the subsequent marking and rating of procedures involved.

By the way, I am not a nurse educator but one of those dreadful "superintendents who themselves have not nursed for many years." Today we are called nursing administrators or directors. The term superintendent went out of general use some 10-15 years ago.

Hazel I. Miller, B.S.

The First Injection

JUDITH NELSON

THERE IS A FIRST TIME for everything and if that thing has any significance in your life it is the first time it was done that you remember — either with pleasure or misgivings. In the long three years of a nurse's training she learns many new things. During late-at-night "gabfests" each student seems to have her own pet. If she's a humorist it is usually her greatest "goof"-that she always recalls. If she tends to be somewhat sentimental, it's the first kind word that a patient tossed her way. If she is one of the many other types found in nursing she has her own tale to tell, as does every student past and present.

I have mine too . . . at times I still waken in a cold sweat thinking about it. In a "do-you-remember" session I can laugh as hard as the others when I retell it (what nurse can't laugh at her own mistakes?). When I am alone, I think of it rather fondly . . . using it as a marker to show myself how far I've travelled since that day.

It was my first intramuscular injection. I was scared stiff! My rough and reddened hands shook as I made out the medicine ticket. My knocking knees ached from the trips I made from medicine cupboard to order book and back again, checking and rechecking.

How I ever broke that ampoule without cutting myself I don't know yet . . . and as for withdrawing the solution . . . that part is, thank heaven, lost in the black abyss of my memory! It was certainly no comfort to feel the piercing eyes of the supervisor on my quaking back.

Somehow the syringe was filled, the needle was in place. I had visions of it falling off at any moment! The order had been checked more times than enough so, off we went to the bedside. The instructor, probably a little bored with the whole proceeding led the way. I trailed behind, wishing desperately that I could hide. Somehow we arrived at the bedside.

There she lay, my patient! The thought was terrifying. I explained as much of the procedure as I could remember to her, turned her on her side, fanfolded the blankets and stared in horror! There was so much skin! Somewhere in that massive piece

Miss Nelson is a student at Women's College Hospital, Toronto.

of anatomy I knew lurked the sciatic nerve. Laced through it were innumerable blood vessels and somewhere in that flesh was the right spot. I needed a map! Not having one, I mentally divided the buttock into four and took a wild guess as to whether it was the inner lower aspect of the upper, outer quadrant, or the upper, outer aspect of the inner, lower quadrant. I tried for the former, luckily.

Like a puppet I went through the motions — sponge the area, eject the air, grasp the barrel, hold at right angles to skin and *insert*. The needle reached the skin . . . and stopped dead! Contrary to face cream advertisements the human covering is *not* the most tender thing in the world. I couldn't go on, but the instructor was watching and the patient was waiting. "Push" was the word that popped into my mind and push I did. Miraculously, the needle slid from view. Wonder of wonders! No blood appeared when I pulled the plunger back, no patient screamed when I injected the drug. I had begun to suspect that she had died of shock.

It was done. I glowed with pride. Giving the buttock a friendly pat I gathered my instruments, covered the patient and marched toward the door, my cloud-filled eyes ignoring the supervisor, the patient, my classmates. I, Judith Nelson, junior student, I had given my first injection! This is it, I thought proudly. *Now I am a nurse!*

How much I had still to learn!

In The Good Old Days

(*The Canadian Nurse* — February, 1918)

The cause of taking cold is lowering of the temperature of the blood. Shivering and sneezing are efforts to warm the body. When one sneezes the entire body is exercising. The muscular spasm is an endeavor to cure the cold. To avoid a cold the best way is to keep on exercising when feeling chilly.

* * *

There are several changes that can be made in milk to make it more palatable. By heating it, icing it, flavoring with coffee, vanilla, lemon, rose-water or salt, a sensation of novelty is given to it.

* * *

The discovery of a serum for scarlet fever was announced in Sweden. The mortality rate in the severest cases was reduced to slightly more than 17 per cent as compared to a 70 per cent mortality in equally severe cases which were not treated with serum.

* * *

At the convention held in Montreal in 1916, the Superintendents' Society decided to change their constitution and open the door to all engaged in the education of the nurse, pupil or graduate, and named the association the Canadian Association of Nursing Education.

* * *

Experience has revealed the fact that it is in the interests of the patients and conducive to a more rapid and satisfactory convalescence, if mental and physical occupation be provided for them.

There has been something holy about the term "rest in bed." It has been sanctified as if it must not be questioned; but it deserves some questioning. If a patient is at ease and can lie flat with comfort, I imagine no harm is done by rest in bed and it may be easier for nurses to look after him. But when the patient has marked dyspnea, it becomes questionable whether he is better off in bed. There is reason to believe that a heart is often worse and it has a greater burden with a patient in bed than if he were in a chair. Of the few things I am certain about in the treatment of acute coronary thrombosis, I am sure that I have saved a few lives by getting coronary patients out of bed, putting them into comfortable chairs and letting their feet hang down! When a patient is in that position the heart is resting more than if he is lying flat.

—Samuel A. Levine, M.D., in *Connecticut State Medical Journal.*

Convention Personality

Ethel M. Gordon, Convener, Arrangements Committee

To be convener of the most important (well, to save argument let us say, at any rate, the *largest*) of the special committees of the CNA in a year when all roads and skyways will lead to the nation's capital, come late June, is no sinecure. Indeed, any way you choose to look at it, this is a backbreaking job, as only those who have carried it can really know.

Why would anyone take on a job like this? That is a good question. It is an honor, of course, and, if it goes well, there will be considerable satisfaction in the knowledge of work well done. Then, with **Ethel Gordon** there seems to have developed over the years a fairly consistent pattern of approach to the "impossible," which she tends to see as presenting a challenge to be looked at critically, assessed realistically and, if accepted, to be moulded forthwith into the "possible."

Time and again over a long association with her, one has seen this formula successfully applied. Whence and what the magic? Is it largely innate capacity, and has the rest of it been perhaps picked up as she went along in her professional career? — graduate of Winnipeg General; private duty and supervisory experience in that hospital; research technician at the Manitoba Medical College; University of Toronto (Public Health Nursing and Social Science); Victorian Order of Nurses; and presently Chief Supervisor of Nursing Counsellors in the Civil Service Health Division of the Department of National Health and Welfare. Doubtless the answer is "a bit of both." And added to native ability and breadth of experience there is, as well, deep faith in a Power beyond herself.

What does the convener of Arrangements *do* in the year before the Biennial Meeting?

The appointment of the convener of this key committee is made very soon after it is known where the next Biennial is to be. No sooner is the convener of Arrangements of the *last* Biennial gratefully soaking her aching feet and wondering if she can really make it to her long-deserved vacation, than other anxious eyes are scanning the "logistics horizon" of two years hence. "How many? Where will they meet, eat, sleep have fun?"

Two years is not too long a time in which to select subcommittees, weld the 100 odd persons so enlisted into a smoothly functioning team, get the whole organization into gear and ready to move off without too many lurches — *and keep it moving!* Subcommittees include: housing, transportation, decorations, social events, student activities, promotion and information.

With the growth in attendance at Biennial meetings the amount of behind-the-scenes detail to be attended to is staggering. True, there is careful selection of subconveners and wise delegation of duties. (Indeed, the ability to delegate is one of the prime qualifications of a General Convener.) But there has to be, as well, the gift of keeping the total picture in view at all times; the ability to hold threads together yet separate; and, most essential, an unshakable imperturbability in the face of the unpredictable, the unexpected and the catastrophic.

One of the chief functions of this paragon is to maintain effective liaison between the CNA and all parts of her large committee. Altogether — an outsize job. Those of us who have the privilege of knowing Ethel Gordon well, have a firm conviction that the qualities she possesses are the kind which will ensure the success of "Operation Arrangements" next June.

Dorothy M. Percy

Ethel M. Gordon

Nursing Profiles

Isabel Black was recently appointed Director, Division of Public Health Nursing, Ontario Department of Health. Her new duties began in November, 1957 when she succeeded Miss Edna L. Moore who retired from nursing at that time. A native of Ontario and of Scottish origin, Miss Black is a graduate of Victoria Hospital, London. An early interest in the public health field led first to postgraduate work at the University of Western Ontario and later, to Columbia University where she obtained a Bachelor of Science degree majoring in public health nursing supervision (1950) and her master's degree while majoring in administration in the same field (1956).

Practical experience in public health began with her work in the Victorian Order of Nurses, Hamilton and in Orillia where she was nurse in charge of the unit, 1937-40. She was a supervisor with the V.O.N., Kingston, 1940-44. In 1944 she first joined the Ontario Department of Health as a regional supervisor with the Division of Public Health Nursing. From 1950-52 she served as consultant in civil defence nursing for Ontario. In 1952 Miss Black became assistant director of the division which she now heads. Completion of her university experience preceded her present appointment.

An active member of her professional associations — she is presently chairman of the Public Relations Committee, R.N.A.O., member of the provincial Committee on Civil Defence and a member of the CNA Committee on Public Relations — Miss Black still finds time to pursue an interest in nature study and music.

Lois Louise Gladney has joined the staff of the New Brunswick Association of Registered Nurses as assistant to the Secretary-Registrar. A Maritimer by birth, Mrs. Gladney received her early education in Fredericton and subsequently graduated from the Provincial Normal School in that same City. Later she took her training as a nurse at the Royal Victoria Hospital, Montreal. Experience as a staff nurse and a head nurse was followed by service in private nursing. Immediately prior to her present appointment she was the night supervisor of the Saint John General Hospital.

Ryllys Mae Cutler has been appointed Assistant Director, Nursing Institutes, New Brunswick Association of Registered Nurses. The program of institutes planned by the association is one step in the implementation of the recommendations in the report on nursing education in New Brunswick as prepared by Miss E. Kathleen Russell. Miss Lillian Campion from National Office has been directing the institutes and Miss Cutler will assist her.

Born in British Columbia, Miss Cutler received her early education in that province. She began her professional career when she took her training as a psychiatric nurse at

ISABEL BLACK

(Rice, Montreal)

RYLLYS M. CUTLER

the Provincial Mental Hospital, Essondale, graduating in 1948. Following this, she enrolled in the school of nursing of the Royal Victoria Hospital, Montreal graduating in 1951. Much of her professional life has centred around the Provincial Mental Hospital, Essondale where she has been, successively, a staff nurse, head nurse, and a supervisor. Miss Cutler attended McGill University 1953-54 and completed requirements for a Bachelor of Nursing degree in 1957, majoring in administration in hospitals and schools of nursing.

Jean Mildred Anderson assumed her duties as director of nursing, Victoria Public Hospital, Fredericton in March, 1957. Born in Ormstown, P.Q., she is a graduate of the Montreal General Hospital and holds her certificate in administration in schools

JEAN ANDERSON

of nursing from McGill University. From 1942-45 Miss Anderson was in charge of a medical ward in her home hospital. In 1945 she went to the Vancouver General Hospital and joined the staff of the Nursing School Office as a supervisor. In 1946 she returned to the Montreal General Hospital serving in turn as a medical clinical supervisor; as a head nurse in the Outpatient Department and later as a clinical instructor and assistant supervisor until her present appointment.

Miss Anderson took an enthusiastic interest in the activities of the A.N.P.Q. as a member and subsequently as chairman of the Institutional Nursing Committee and as chairman of the Nursing Service Committee. This interest has been transferred to the N.B.A.R.N. of whose Council she is now a member. She is also a member of the planning committee for the nursing institutes project. Color photography and pottery provide relaxation from her many professional duties. The good wishes of her friends go with her in her new work.

Clarrie Edith Mary Rowles is the new director of nursing and principal of the school of nursing, Royal Inland Hospital, Kamloops. A graduate of Medicine Hat General Hospital, Miss Rowles was born in England and received her early education there. She holds her certificate in teaching and supervision from McGill University.

Private nursing and a short term in the public health field in Alberta were followed

MARY ROWLES

by experience as an instructor at the Sherbrooke Hospital, Sherbrooke, P.Q., 1937-40. From 1940-42 Miss Rowles was instructor and assistant director of nurses of her Alma Mater, leaving this position to join the R.C.A.M.C. as a nursing sister in World War II. On return to civilian life in 1945 she became an industrial nurse with the Dominion Glass Company, Redcliff, Alta. In 1948 Miss Rowles joined the Division of Tuberculosis Control, British Columbia, serving first at the Willow Chest Centre. For the past seven years she has been the director of nursing of the Tranquille Sanatorium.

Keenly interested in professional activities, she is one of the founders of the alumnae association of the Medicine Hat General Hospital. A vice-president of the Kamloops-Okanagan district since 1952, Miss Rowles

was the former president of the Kamloops-Tranquille chapter, R.N.A.B.C. With such a wealth of experience, she is on her way to a secret ambition — writing a book!

Edith H. Chapman was appointed the director of nursing, Sudbury Memorial Hospital, Ont. in August, 1957. A graduate of Hamilton General Hospital, she obtained her certificate in nursing education from the University of Toronto in 1946. From 1941-52, Miss Chapman was associated with the Canadian Red Cross Society, Ontario Division and, in particular, the Outpost Hospitals. For a period of six years she was a supervisor with the Society. She returned to Hamilton General Hospital as supervisor of general staff nurses for several years, then accepted the position of assistant director of nursing in the hospital with which she is presently associated.

Her long-standing interest in the work of the Red Cross Society is maintained through volunteer activities with the local branch and a prized record collection provides pleasant relaxation.

In Memoriam

Flora Baker who graduated from the Vancouver General Hospital in 1911 died during 1957.

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Gail Beatty who was in her second year of training at Toronto East General Hospital died in October, 1957.

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Lillian Ethel (Houston) Blackwell who graduated from the Winnipeg General Hospital in 1919 died in June, 1957.

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Norma E. (Hoyt) Clarke, a graduate of Toronto General Hospital in 1955, died on Oct. 12, 1957. She had been in poor health for the past year.

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Priscilla Uella (Capling) Collins, a graduate of the Winnipeg General Hospital in 1919, died during July, 1957 in New Westminster, B.C.

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Gwyneth Mary (Pfahler) Demers who graduated from the Hotel Dieu Hospital, Windsor in 1950, died on September 13, 1957. Mrs. Demers was in charge of the blood bank for two years following her graduation.

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Diana Patricia (McAvity) Dimock, a graduate of Saint John General Hospital in 1957, died as the result of injuries received in a car accident on November 30, 1957.

* * *

Mae Duke who was a member of the staff of the Hospital for Sick Children, Toronto died October 6, 1957 from the effects of a fire.

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Catherine Jane (Somerville Cuthill) Hay, a graduate of St. Boniface Hospital in 1928 died in September, 1957 after a brief illness. Mrs. Hay was with the Indian Northern Health Services immediately prior to her death. Earlier in her professional life she had engaged in institutional nursing, public health work and psychiatric nursing. She was the assistant director of nursing at the Ponoka Mental Hospital for one year.

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Anne Marie Harvey, who was formerly a member of the nursing staff of Moncton Hospital, was one of the victims of a tragic plane crash on August 11, 1957 at Issodoun, Que.

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Margaret Elizabeth (Stewart) Hughes who graduated from St. Boniface Hospital in 1933 died on October 21, 1957 after a long illness.

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Rosetta May (Corney) Hurdman, a former nursing sister of Queen Alexandra's Imperial Military Nursing Service, died suddenly on September 30, 1957.

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Oril Valeria Kerr who graduated from the Hospital for Sick Children, Toronto in 1922 died in September, 1957 at Kingston. Most of her professional life had been spent as a staff member of the Hospital for Sick Children.

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Irene Anne (Brown) Lougheed who graduated from the Vancouver General Hospital in 1919 died during 1957.

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Ruth Catherine Machan, a graduate of Victoria Hospital, London in 1952 died suddenly in October, 1957. Miss Machan was a head nurse on the staff of her home hospital at the time of her death.

Helen A. Rennie who graduated from the Johns Hopkins Hospital, Baltimore died on September 14, 1957 in Toronto. For many years before her retirement she had been an instructor at the Wellesley Hospital.

* * *

Mary Richmond Shaffner, a graduate of the Toronto General Hospital in 1922, died suddenly on November 27, 1957 in Buckinghamshire, England. Very soon after graduation she assumed the position of supervisor of the operating room at the hospital for Sick Children, Toronto. Later she held key positions at the Toronto Hospital for Tuberculosis. During World War II, Miss Shaffner enlisted in the R.C.A.M.C. attaining the rank of major and the position of matron of the 15th Canadian General Hospital. In 1943 she was awarded the Royal Red Cross for her distinguished record of war service.

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Mary Elizabeth Shaver, a graduate of the Lady Stanley Institute, Ottawa in 1920, died on October 28, 1957. She had engaged in private nursing before joining the staff of the Perley Hospital, Ottawa where she served for several years.

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Sister Mary Aloysius of the Sisters of Charity of the Immaculate Conception (**Rosetta Norden**), a graduate of St. Joseph's Hospital, Saint John, died on November 18, 1957 in Prince Albert, Sask. Prior to her illness she had been the assistant administrator of Holy Family Hospital and supervisor on one of the floors.

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Dorothy (Adams) Speirs who graduated from the Vancouver General Hospital in 1928 died during 1957.

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M. Patricia Walshe, who graduated from St. Joseph's Hospital, Chatham, Ont., died in July, 1957 in London.

Annual Meeting in Alberta

With approximately 375 delegates in attendance, the 1957 annual convention of the A.A.R.N. got off to a history-making start when the Reception Committee appeared at the station to escort the president to her hotel in a 1920 car. An animated red deer mounted on the back of the car left no doubt concerning the home town of the Arrangements Committee. The red deer motif appeared on many occasions throughout the convention week.

One main theme of the convention was "Mental Illness is Your Business." Progress in the care of the mentally ill, nurse-patient relationships and community aspects of psychiatric care were discussed. Miss D. M. Percy, Chief Nursing Consultant, Department of National Health and Welfare, presented mental hygiene as a national challenge.

The committees on nursing service and nursing education chose as their theme "Nursing Trends in Alberta." The day's program devoted to this included a symposium on "Better Utilization of Nursing Personnel" under the chairmanship of Miss J. Hamilton, Assistant Director of Nursing Service, Royal Alexandra Hospital. Why more nurses are needed and what the future holds for them; the physical set-up of hospitals; suggestions for better use of nurses' time both in the hospital and in the public health field were touched upon. Sister Mary Felicitas, Director of Nursing, St. Mary's Hospital, Montreal presented a very thoughtful paper on the better use of students' time in the clinical field. A symposium on "Suggestions for Improvement of Total Patient Care" relating chiefly to the geriatric patient was chaired by Mrs. L. Desharnais, Instructor, Medicine Hat Municipal Hospital. A dramatic presentation based on the Pilot Study on accreditation clarified the aims of the project.

Arising out of the discussion of various nursing problems came resolutions relating to the establishment of criteria and adoption of a guide in recording clinical teaching; integration of psychology, sociology, psychiatry and mental hygiene into the general course of study with improved communications between home schools and affiliating hospitals. Closer association with the Psychiatric Nurses' Association was desired and an attempt was to be made for exchange representatives between the A.A.R.N. and the psychiatric group. It was further decided that a contribution would be made to the Pilot Project fund amounting to one dollar ($1.00) per active member.

The new president, Miss Margaret Street, Associate Director of Nursing, Calgary General Hospital declared the 39th annual convention adjourned.

RESEARCH

Teacher-Nurse Communications in an Elementary School

NORAH A. WOODS

THIS RESEARCH STUDY within the school health services was undertaken for two main purposes:

1. To gain knowledge in the methods of research and to apply some of the techniques of research.
2. To gain information that would be of assistance in establishing teacher-nurse communications within the health services of elementary schools in small urban communities.

An elementary school in a large urban area with an enrolment of 350 students and a teaching staff of 15 was chosen as the site of the study. This school was selected as it was known to have an active program of teacher-nurse communications. The following four objectives were established:

1. To discover what methods of teacher-nurse communications were being used.
2. To determine what information was being exchanged through these communications.
3. To discover how the communications were being planned and maintained.
4. To obtain opinions of the value of the communications from the public health nurse and teaching staff.

Interviews, observations, and a review of records were the principal methods used to conduct the study. Interviews were held with the public health nurse, the principal and a number of the teachers, and observations were made of the communications as they took place. Questionnaires were drawn up to guide the interviewer and a pilot study was conducted before proceeding with the field study.

The findings of the study were considered under the areas designated in the objectives.

METHODS

1. *Records:*

(a) *Medical history form:* This form, which was completed for each child by the teachers at a conference with the parents, included a family and personal history.

(b) *Health card:* The teacher initiated a health card for each new pupil transferring pertinent information from the medical history form. All findings on the pupil's health during his school years were entered by the nurse or teacher. The record was kept by the classroom teacher.

(c) *Medical record:* The medical record was initiated for each student by the nurse and was kept in the nurse's office.

2. *Teacher-nurse conferences:*

A teacher-nurse conference was planned once a year with each teacher and was held in the classroom during school hours. The nurse brought her medical records and the teacher had available her health cards. Each child was discussed and plans for follow-up made when indicated.

3. *Informal teacher-nurse contact:*

These contacts took place any time that the nurse was in the school. The nurse initiated some to report on findings or to plan conferences. Those the

Miss Woods is senior public health nurse, Boundary Health Unit, Cloverdale, B.C. This study was done in 1956 in the course on Studies and Projects, School for Graduate Nurses, McGill University.

teacher initiated were usually centred around a particular child over whom a problem had arisen.

4. *Referral of pupils:*
Children could be referred to the nurse's office at any time during her hours in the school.

5. *Planned group conferences:*
(a) *Staff meeting:* Early in the school year the nurse attended a staff meeting when she and the principal reported on the school health program. Throughout the year the nurse attended other staff meetings as she desired.
(b) *Special group meeting:* This meeting was planned soon after the first staff meeting so that the nurse could give further guidance as well as demonstration of screening tests to the teachers new to the staff.

6. *Informal group conferences:*
The nurse joined the teaching staff in the coffee-room on her days in the school and information was exchanged at this time.

7. *Health literature:*
Supplies of pamphlets and posters that were a resource available to the teachers were kept in the nurse's office.

Information Exchanged

1. *Records:* The medical history form was made available to the nurse so that she could obtain the background information. The health card contained information of the teachers' screening tests (vision, height, weight, whisper hearing) and remarks by the teachers concerning general health and behavior. The nurse's findings were also recorded. The medical record contained information about physical and emotional problems, home visiting reports and reports of agencies' findings.

2. *Conferences:* During all the verbal communications there was a free flow of information between the teachers and nurse. The teachers referred problems that were fairly evenly distributed between the physical, social and emotional aspects. They offered information as to academic ability of the child, his social adjustment with his peer group and their knowledge of home conditions. The nurse reported the results of medical examinations, interviews, home visits and referrals to other agencies.

Planning Communications

The communications were established through the cooperative planning of the school administration and health agency. The principal and nurse planned the over-all communications, then the nurse and teacher shared planning for their contacts.

Opinions

The chief impression gained from the opinions expressed regarding communications revealed general interest and satisfaction. The teachers felt that the information on the health cards was essential to their understanding of the children. On the whole the teachers felt that the unplanned individual conferences with the nurse were the most helpful as these conferences usually concerned a current problem. The teachers did not feel prepared to function in their role when they were new to the program but felt that they were well oriented and were receiving the assistance they needed.

The public health nurse felt that the health card was a valuable aid to the teachers. She felt that the planned teacher-nurse conference was valuable as some pupils to whom she could be of assistance did not otherwise come to her attention. She felt that the interest and understanding of the teachers varied but that on the whole they had a good knowledge of their pupils and were interested in helping them.

Conclusions

It must be emphasized that the limitations of this study are such that only tentative conclusions based on this one field study situation can be suggested. These tentative conclusions are now presented:

1. The methods of teacher-nurse communications within this school create channels for free flow of information.
2. The cooperative planning by health agency and school administration made the establishment of these communications possible.
3. The principal sets the pace within

the school and his interest and cooperation are of the utmost importance.

4. The teachers and nurse are asked to assume considerable responsibility in these communications.

5. The teachers do not receive an adequate preparation in the normal schools to assume their role in teacher-nurse communications. Although they can receive considerable assistance through a planned orientation program, their education should be a continuing day-to-day process utilizing the actual situations which they face.

6. A large part of the responsibility for the teachers' education falls on the public health nurse and to adequately fulfill her role she must have a good background of knowledge and the necessary skills.

7. Although the handling of detailed information on the pupil health record presents some difficulties this seems a valuable method of communication. More thought should be given to improving methods of informing the teachers.

From this study it can be concluded that the teacher-nurse communications in this school are built on mutual understanding and cooperative planning. These communications are such that the teacher has an opportunity to fulfill her role of health supervision and instruction of the child, and the nurse can assume her role of adviser and counsellor to the teacher.

Résumé

Une infirmière, en vue de se familiariser avec la recherche entreprit une étude des relations entre instituteurs et infirmières dans une école élémentaire d'un centre urbain.

L'école compte 350 élèves et 15 instituteurs et les relations entre les instituteurs et l'infirmière sont reconnues comme excellentes. Entrevues, observation et étude des dossiers des élèves furent les méthodes employées dans cette recherche.

Les résultats furent les suivants:

Le principal de l'école et l'infirmière chargée du service de santé de cette institution se sont rendu compte que les instituteurs ne reçoivent pas, à l'école normale, une préparation suffisante en matière de santé pour pouvoir apporter au programme une collaboration efficace. Le plan suivant fut alors adopté: charger les instituteurs de tenir à jour une fiche de santé pour chacun de leurs élèves; faire l'histoire médicale de l'élève lors de l'entrevue avec les parents. L'infirmière rédige pour chaque élève un dossier médical et donne aux instituteurs, soit verbalement, soit en les inscrivant sur la fiche de santé de l'élève, les renseignements pouvant être utiles.

Une fois par année, l'infirmière confère avec l'instituteur ou l'institutrice, l'une apportant les dossiers médicaux, l'autre les fiches de santé de ses élèves et chaque élève fait alors l'objet d'une étude soignée et d'un plan d'action consécutif. Une conférence générale à laquelle tous les instituteurs et institutrices se trouvent réunis a lieu une fois par année. Les nouveaux membres du corps enseignant sont revus après cette conférence et l'infirmière leur donne une orientation particulière, leur expliquant le programme de santé de l'école, la manière de rédiger les fiches, etc.

L'infirmière, lorsqu'elle est à l'école, se joint aux institutrices pendant la récréation du matin et c'est souvent en prenant une tasse de café qu'elle est consultée. L'infirmière est prête à recevoir les élèves à toute heure.

Les bonnes relations entre instituteurs et infirmières dependent de l'intérêt que manifeste le principal envers un plan de travail, à une bonne compréhension du programme de santé de l'école et au partage des responsabilités qui assure la coopération de tous les intéressés. L'institutrice est la surveillante de la santé des élèves et l'infirmière remplit auprès de l'institutrice le rôle de conseillère.

It is estimated that about 12 out of every 100 Canadians can speak or understand both English and French. Of the remaining 88 Canadians, 67 speak English but no French; 20 speak French but no English; one in every hundred speaks neither language.

— *Industry*

A good executive gets more things done by making his orders sound like requests. People prefer being asked to being told.

— *Hospitals*

* * *

Some men are like self-winding watches. They keep going only if shaken.

— *Hospitals*

CNA Represented on Important Committees

The National Council of Hospital Auxiliaries of Canada has invited the General Secretary to represent the CNA on the Council.

With **Mrs. J. Cecil McDougall** as President, the National Council of Hospital Auxiliaries has headquarters in Montreal. Eighty thousand members in 620 auxiliaries across Canada provide many hours of volunteer work in our hospitals. They assist with building fund campaigns, raise and donate large sums of money to many projects including educational funds for nurses and social workers. One of their great concerns is the welfare of nurses. The contribution of these volunteer workers to the public relations programs of our hospitals cannot be over emphasized.

The National Council of Hospital Auxiliaries of Canada publishes a news bulletin and magazine and provide a library of publications for use by its members.

The National Council is not content with their good work in Canada only, but is working on the organization of hospital auxiliaries internationally. Some countries have already indicated their desire to be affiliated in an International Council. As nurses who benefit from association with nurses of many lands through our own International Council of Nurses, we congratulate Mrs. McDougall and the members of her council on this important endeavor which will, we know, be another force for world peace.

Canadian Standards Association Committee on Safety Code for Hospital Hazards

This Committee has appointed Miss **Lillian Campion**, Nursing Service Secretary as a member.

The Committee, under the chairmanship of Mr. H. G. Hughes, Chief, Hospital Design Division, Department of National Health and Welfare, is responsible for the preparation of a national code of practice designed to diminish or eliminate hazards in hospitals. Its scope includes conductive flooring, explosive gases, electrical equipment, protection against x-rays, medical housekeeping, etc.

As questions of this type occasionally come to National Office, we particularly appreciate representation on this important committee.

Viewpoint

As a result of the reference to a film on nursing being prepared by the Department of Citizenship and Immigration which appeared in the November issue, an English nurse has expressed her opinion of nursing in Canada as follows:

> I have just read an article in your November issue, regarding the Department of Immigration plans for a film on nursing. I have recently emigrated to Canada from England and would like to express my views on the subject.
>
> I have been very happy ever since I stepped on Canadian soil. I was helped in every way by Miss Winonah Lindsay and given names of hospitals to which I could apply for work.
>
> I chose the Queen Elizabeth in Montreal because it is small and I wanted the friendly atmosphere of a small hospital to start my nursing in Canada. Every help was again given to me in the hospital. I was made to feel one of the team as soon as I started work.
>
> The salary in comparison to other countries where I have worked is almost double, and that alone should recruit nurses from other countries. The standard of living is higher and nurses coming here will find it very pleasant after the smaller salaries of other countries. I do not wish to step on anyone's corns

when I say this but I speak from personal experience.

The work is about the same, depending on how you work. I find the central supply system a great time-saver and I hope it is introduced in all hospitals. Another good system is the Recovery Room.

I hope I have helped you in a small way and that I will continue to work in Canada.

Yours sincerely,

(Miss) IRA SEN, R.N.

Dulled by Routine?

Mme. E. Hatinguais, Inspectrice Générale, Le Centre International d'Etudes Pédagogiques, Sèvres, France, speaking at the opening of the International Conference on the Planning of International Studies in November 1956, said —

> Research on ways of doing our task better is a thing that will make the profession live and will prevent us from becoming dulled by the day to day routine of our job.

Although there have been several research projects carried out in Canada, not many nurses can carry out truly scientific research. But, throughout Canada many nurses are studying ways of "doing a task better," and are thus vitalizing the nursing profession. Making known the results of such studies and experiments will stimulate others to make their own inquiries and try new ways of carrying out tasks and will prevent nursing from becoming "dull routine".*

Keeping Informed

The Canadian Nurses' Association Committee on Nursing Service, meeting in Halifax November 21, 22, 23, 1957, again brought up the need for keeping others informed of studies in nursing underway or completed. It was thought that some system should be discussed by the provincial offices and national office whereby CNA National Office could be kept informed and so act as an information bureau or clearing house. From there, the editor of *The Canadian Nurse* could select those of general interest and obtain reports for publication.

The members of the Committee reported on nursing service activities in their provinces particularly those of the provincial committee on nursing service.

Personnel Policies have been of concern in the provinces. Two provinces reported on the preparation of briefs which were submitted to their governments,

— one on Hospital Insurance,

— one concerning rehabilitation of the chronically ill in relation to hospital and diagnostic services.

A report was also submitted (by request) on the opinions of the provincial associations regarding nurses and their relation to Civil Defence.

Refresher courses, institutes and workshops in nursing service were planned and conducted by at least six provinces. Others were studying orientation, in-service education and job analysis.

Two reported that the Committee on Nursing Education and the Committee on Nursing Service were planning combined meetings or conferences. In one province the Committee on Nursing Service was assisting in the preparation of a Counsellor Guide Book for use in schools. Another was concerned with the establishment of a community nursing registry.

Three committees had been concerned with the planning of a presentation on nursing service for the annual meeting of the registered nurses' association.

Several studies were reported as being underway including:

Quality of nursing service
Group nursing
Improved human relations in nursing
Standards and methods of determining staff requirements
Need for volunteer service.

One province is concerned with the formation of an organization for nursing assistants and is studying its relationship to the registered nurses' association. A regional nursing council has been established in another prov-

*Report of the International Conference on the Planning of Nursing Studies. $1.00 per copy. Obtained from International Council of Nurses, 1, Dean Trench Street, Westminster, London, S. W. 1, England.

ince and others are being organized.

The Nursing Service secretary was privileged to assist with a three-day work conference on nursing in St. John's, Newfoundland in November 1957. The Association of Registered Nurses of Newfoundland's Committee on Nursing Service planned the conference selecting as its theme "The Patient Plays the Leading Role." The conference took the form of small group discussions. A small committee had prepared topics for the discussions based on the replies received from a questionnaire which had been circulated before the conference. These were modified as indicated by the discussions. In general, the discussions concerned such topics as: The quality of nursing care; head nurse responsibilities and functions; factors to be considered when assessing patient care; and human relations — interdepartmental and intradepartmental relationship, public relations. Role playing was used on the last day and provoked good discussion.

In addition to participating in the work conference, the Nursing Service secretary had the opportunity to visit hospitals in St. John's and two outpost hospitals at Placentia and Carbonear.

Do You Wish to Order?

In addition to the Report of the Conference on Nursing (75¢ per copy) which was announced in the January issue, National Office also has on hand a limited quantity of material which was distributed to the conference participants. This includes:

1. *Nursing in Canada Today and Tomorrow — Problem and Challenge*
(prepared by CNA from a review of reports submitted by the provincial registered nurses' associations.)

2. *Study Guide for Canadian Conference on Nursing*
(prepared by the CNA)

3. *Statistic Data*
(prepared by the CNA in 1957)

4. *The Art of Nursing*
(by Lucile Petry Leone — reprint from the *Yearbook of Modern Nursing*, 1956 — McAinsh and Company Limited, Toronto, Ont.)

5. *Focus on Hospital Insurance*
(by F. B. Roth, M.D., Deputy Minister of Public Health, Regina, Saskatchewan — reprint from *The Canadian Hospital* February, 1957.) Copies may be obtained from Canadian Nurses' Association,
270 Laurier Avenue West,
Ottawa, Ontario.

50th Anniversary Meeting — Special Announcements

1. Groups wishing to hold special breakfasts, luncheons or dinners must advise National Office not later than May 15, 1958. Please state expected number attending, name of group, and person responsible.
The Arrangements Committee will assist you in planning.
2. Post Office: We have been granted permission by the Post Office Department of Canada to have a special Post Office at the Coliseum, Lansdowne Park, during the convention week.
Watch for further details of this excellent service.

Le Nursing à travers le pays

L'A.I.C., Membre de Comités Importants

Le Conseil National des Dames Auxiliaires des Hôpitaux du Canada a invité la secrétaire-générale à représenter l'A.I.C. auprès de son conseil.

Mme J. Cecil McDougall est la présidente du Conseil National des Auxiliaires d'Hôpitaux dont les quartiers généraux sont à Montréal. Huit mille membres de cette association, divisés en 620 groupes, à travers le pays, consacrent un grand nombre d'heures au travail bénévole dans les hôpitaux. Ces personnes aident à l'organisation de campagnes de souscription pour la construction d'hôpitaux, collectent des fonds et donnent

des sommes importantes en faveur de projets divers, entre autres, bourses d'études pour infirmières et travailleuses sociales. Une de leurs grandes préoccupations est le bien-être des infirmières. L'on ne saurait trop souligner la contribution précieuse qu'apportent aux hôpitaux ces aides bénévoles.

Le Conseil National des Auxiliaires des Hôpitaux publie un bulletin et met des publications à la disposition de ses membres.

Le travail du Conseil International ne se limite pas au Canada, son activité est internationale. Des pays ont déjà exprimé le désir de s'unir à un conseil international. Nous qui, à titre d'infirmières, bénéficions des avantages d'un Conseil International qui nous met en relation avec des infirmières de nombreux pays, sommes en mesure de féliciter Mme McDougall et les membres de son Conseil de cette initiative importante qui, sans aucun doute, favorisera la paix dans le monde.

Code de la Sécurité pour les Hôpitaux

Un Comité a été formé pour établir et rédiger en un code certaines règles de base pour la protection des hôpitaux canadiens contre les hasards et les risques d'accidents auxquels ils peuvent êtres exposés.

Mlle Lillian Campion, Secrétaire du Service d'Infirmières a été nommée membre de ce comité qui est présidé par M. H. G. Hughes, directeur de la Division des Plans d'Hôpitaux, au Ministère de la Santé Nationale et du Bien-Etre. Ce Comité a pour objectif la diminution et l'élimination des risques d'accidents dans les hôpitaux, que comportent: parquets conducteurs, gas explosifs, appareils électriques, rayons X, etc.

Comme des demandes de renseignements de ce genre parviennent souvent au Secrétariat national, la présence d'un membre de l'A.I.C. à ce comité est vivement appréciée.

Point de vue

Nous avons déjà parlé, dans ces colonnes, en novembre dernier, d'un film sur le nursing préparé par le Ministère de la Citoyenneté et de l'Immigration, voici l'opinion d'une infirmière anglaise sur la profession d'infirmière, au Canada:

Je viens de lire l'article, paru dans la revue de novembre, concernant la préparation d'un film sur les infirmières par le Ministère de l'Immigration. J'ai émigré de l'Angleterre au Canada et j'aimerais exprimer mon point de vue sur ce sujet.

Depuis mon arrivée au Canada j'ai été des plus heureuses; j'ai d'abord reçu une aide précieuse de Mlle A. Winonah Lindsay qui m'a fourni le nom d'hôpitaux où je pourrais trouver de l'emploi.

J'ai choisi l'Hôpital Queen Elizabeth, à Montréal, parce que c'était un petit hôpital et que je désirais l'atmosphère intime d'un petit hôpital pour débuter; j'y ai reçu tout l'encouragement dont j'avais besoin et en peu de temps j'ai senti que je faisais partie de l'équipe.

Le salaire, si on le compare à celui d'autres pays où j'ai travaillé, est presque le double; ce seul facteur serait suffisant pour aider au recrutement d'infirmières de l'étranger. Le niveau de vie est plus élevé qu'en bien d'autres endroits et les infirmières qui viendront exercer leur profession ici y trouveront l'ambiance très agréable. Je ne veux blesser qui que ce soit en m'exprimant ainsi, je veux simplement faire part de mon expérience personnelle. Le travail est à peu près le même qu'ailleurs. Je trouve que le service central économise beaucoup de temps et j'espère que tous les hôpitaux adopteront ce système; une autre chose très appréciable est la salle de réveil.

J'espère, par ce faible témoignage, vous avoir été quelque peu utile et je désire continuer à exercer ma profession au Canada.

Sincèrement vôtre,

IRA SEN, I.E.

Nous enlisons-nous dans la routine?

Lors de l'ouverture de la conférence sur les projets d'études internationales, en novembre 1956, Mme E. Hatinguais, Inspectrice Générale, Le Centre International d'Etudes Pédagogiques, Sèvres, France, s'exprimait ainsi:

> La recherche sur la façon d'améliorer notre travail est une chose qui donnera de la vie à notre profession et nous empêchera de nous enliser dans la routine journalière de notre travail.

Bien que nous ayons poursuivi plusieurs projets de recherche, au Canada, il y a peu d'infirmières capables de faire de la recherche scientifique. Par contre, nombre d'infirmières étudient les moyens à prendre pour "améliorer notre travail," donnant ainsi de la vitalité à la profession. En faisant connaitre les résultats de telles études et expériences, on stimulera d'autres infirmières qui s'intéressent à faire leurs propres recherches et à essayer, par de nouveaux moyens, d'améliorer notre travail et d'empêcher le nursing de devenir une routine.*

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*Report of the International Conference on the planning of Nursing Studies — $1.00 l'exemplaire. Peut être obtenu du Conseil International des Infirmières,
1, Dean Trench Street,
Westminster,
London, S.W.I., England.

Renseignons-nous

Le Comité National du Service d'Infirmières s'est réuni à Halifax les 21, 22 et 23 novembre 1957; l'on y a de nouveau insisté sur la nécessité de communiquer aux autres les études déjà faites ou en voie d'exécution, sur le nursing. L'on croit qu'il serait à propos de discuter, à l'échelon provincial et national, les moyens par lesquels l'A.I.C. pourrait être informée de ce qui se passe et servir de bureau de renseignement et de centre de triage et de distribution; la rédactrice de *l'Infirmière Canadienne* pourrait y choisir les études portant sur des sujets d'intérêt général et en publier le rapport.

Les membres du Comité ont fait rapport des activités des comités provinciaux du Service d'Infirmières.

L'établissement de lignes de conduite concernant le personnel a été l'objet d'une étude spéciale. Deux provinces ont fait rapport de mémoires présentés à leur gouvernement respectif, portant:

—l'un, sur l'assurance-hospitalisation;

—l'autre, sur la réadaptation des malades chroniques en ce qui a trait à leurs relations avec les hôpitaux et les centres de diagnostic.

Un rapport fut aussi présenté (sur demande) sur les opinions des associations provinciales au sujet des infirmières relativement à la Défense Civile.

Six provinces, au moins, ont organisé des cours de perfectionnement, des journées d'études, des colloques sur le service du nursing. D'autres se sont occupées d'orientation, d'éducation en cours d'emploi et d'analyse des tâches.

Deux provinces firent rapport que le Comité d'éducation en Nursing et le Comité du Service d'Infirmières préparaient des séances conjointes. Dans une province, le Comité du Service d'Infirmières aidait à la préparation d'un Guide pour Conseillères dans les écoles d'infirmières. Une autre s'intéressait à établir un registre afin d'assurer au public les soins infirmiers requis.

L'on rapporta que plusieurs études étaient en voie d'exécution sur les sujets suivants:

La qualité du service de soins aux malades. Le travail en équipe.

Moyens d'améliorer les relations humaines en nursing.

Normes et méthodes pour déterminer le personnel requis.

Le travail bénévole.

Une province étudie la formation et l'organisation des auxiliaires en nursing, leurs relations avec les associations d'infirmières.

La secrétaire du Comité national du Service d'infirmières a eu le privilège d'assister à une conférence sur le nursing, à St-Jean de Terreneuve. Durant trois jours, l'Association des Infirmières enregistrées de la province de Terreneuve, par l'entremise de son Comité du Service d'Infirmières, discuta le sujet suivant: "Le Malade joue le premier rôle." Divers aspects furent abordés: la qualité des soins, la responsabilité de l'hospitalière et ses fonctions, les facteurs à considérer dans la répartition des soins aux malades, les relations humaines, les relations interdépartementales, relations au sein des départements et les relations extérieures.

La technique de la dramatisation fut employée le dernier jour et provoqua une bonne discussion.

La secrétaire profita de son voyage à Terreneuve pour visiter les hôpitaux de St-Jean et les avant-postes de Placentia et de Carbonear.

Congrès du 50ième Anniversaire — Annonces spéciales

1. Les groupes qui désireront se réunir pour déjeuners, diners ou soupers doivent en prévenir le Secrétariat National avant le 15 mai 1958. Veuillez mentionner le nombre de participants, le nom du groupe et celui de la personne qui s'en charge.
   Le Comité d'organisation vous aidera dans l'exécution de vos projets.
2. Bureau de Poste.

Le Ministère des Postes nous a permis d'avoir un bureau de poste spécial au Colisée, Parc Lansdowne, pendant le congrès.

Surveillez ces colonnes; d'autres annonces importantes y paraîtront.

Désirez-vous vous procurer les publications suivantes?

En plus du rapport sur la Conférence sur le Nursing (0.75¢ l'exemplaire) annoncé dans le numéro de janvier, le Secrétariat national a encore en mains quelques exemplaires de:

1. Nursing in Canada Today and Tomorrow — Problem and Challenge. (Préparé par l'A.I.C. et tiré des rapports d'Associations provinciales.)
2. Study Guide for Canadian Conference on Nursing. (Préparé par l'A.I.C.).
3. Statistical Data. (Préparé par l'A.I.C. en 1957.)
4. The Art of Nursing, par Lucille Petry Leone.
5. Focus on Hospital Insurance (par

F. B. Roth, M.D. Sous-Ministre de la Santé, Régina, Saskatchewan.)
Ces publications peuvent être obtenues de L'Association des Infirmières Canadiennes, 270 ouest, Avenue Laurier, Ottawa, Ont.

Guidée par l'Etoile Polaire

MICHELLE THÉRIAULT

DANS CE CIEL de février plein de frimas, longeant la côte ouest de la Baie d'Hudson, un petit North Star avec ses trois passagers, sous la conduite habile de Charlie Weber, un des meilleurs pilotes du Nord, s'avance lentement. Dans cet avion, une jeune infirmière enthousiasmée par l'aventure, mais tout de même un peu craintive songe. "Que sera ma vie dans ce désert blanc? Les habitants vont-ils m'accueillir avec sympathie? L'adaptation sera-t-elle longue et difficile?"

Quand, quelques minutes plus tard, nous atterrissions à Chesterfield Inlet, coin perdu de la terre stérile, à quelque 400 milles au-delà des "portes de glaces" et que je vis tous ces gens, Pères Oblats, Soeurs Grises, médecin, esquimaux, accourus à notre rencontre malgré un vent furieux et un froid sans pareil, mes craintes peu à peu, s'estompèrent car sur ces figures souriantes je lus la sympathie, la bonté, la compréhension.

Comment décrire cet amas de maisons et d'iglous, parsemés sur une distance d'un demi-mille environ et dont l'hôpital, avec ses trois étages en est la vigilante sentinelle? Que dire sur ce lopin de terre et de roches baigné par la Baie d'Hudson, ayant comme seule parure sa neige si blanche sous un ciel si bleu? On a beaucoup écrit sur la beauté étrange de ce climat de l'Arctique mais nul ne peut le dépeindre avec sincérité s'il ne l'a d'abord aimé, et peut-on aimer sans connaître? Oui, aimer ce pays, c'est possible; pays ingrat où seul le lichen pousse en abondance et où pourtant un peuple des plus primitifs y vit heureux ou du moins y vivait avant de goûter à notre civilisation. Ce peuple le plus isolé de la terre mérite qu'on s'occupe de lui. Il est sympathique, jovial, hospitalier et un brin moqueur. De nature méfiante, peu loquace il vous adoptera en autant que vous saurez gagner sa confiance. N'affirmez pas aucun air de dédain ou de supériorité en sa présence il ne vous le pardonnerait pas. Et ce sont ces gens qui, chaque matin, viennent au dispensaire de l'hôpital consulter le docteur, médecin canadien-français, qui en plus de Chesterfield Inlet, exerce sa profession jusqu'à l'extrême limite de la région polaire.

En tant qu'infirmière mon travail me confinait exclusivement à cet hôpital de 60 lits où, en plus du soin des malades, diverses tâches nous incombent. En coopération avec une soeur, infirmière-fondatrice de l'hôpital, j'ai dû être technicienne de laboratoire, radiologiste et même anesthésiste. Si quelques-unes d'entre vous (et je le souhaite) rêvent un jour d'exercer leur profession dans un coin de pays comme celui-ci dites "vous bien qu'il vaut mieux en savoir plus que moins." Tout est utile et un stage en radiologie, au laboratoire et même en odontologie vous permettra de rendre d'immenses services et peut-être de sauver des vies.

Car, en l'absence du médecin, qui, sinon vous, prendra l'initiative d'après une radiographie et certaines analyses de demander l'évacuation d'un patient? Permettez-moi de vous citer comme exemple cette épidémie de rougeole et d'influenza survenue en septembre dernier, alors que le docteur venait à peine de quitter son poste pour des vacances bien méritées. Le remplaçant nommé par Ottawa, par un concours de circonstances incontrôlables, n'est venu nous secourir qu'à la fin du même mois. Le nombre normal des hospitalisés avait doublé et que dire de ceux qui souffraient dans les iglous? Pou-

Mlle Thériault est infirmière diplômée de l'Hôpital St-Luc, Montréal.

Nurse...

you know that when a Flu Virus hits a hospital, its spread is rapid and relentless. *Disinfection* of patient rooms and public areas is *positive action* the hospital should take to *control* the spread of infection.

you should know that "Lysol"—the world's largest selling disinfectant—kills Flu Virus on contact, "Lysol" also kills disease bacteria so as to reduce the risk of secondary infections from contaminated utensils and premises: example—pneumonia.

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vez-vous comprendre notre angoisse devant notre impuissance? Nous ne sommes pas médecins et seul un médecin aurait su quel médicament, sérum ou traitement il aurait fallu donner à ces dix victimes qui, malgré nos efforts, ont succombé.

La race esquimaude, de plus en plus, s'éteint et cette épidémie fut vraiment une catastrophe pour les 200 esquimaux de Chesterfield Inlet. Frappés en plein départ, car c'était pour eux le temps de plier bagages, après le court été et de s'établir au loin pour la chasse au caribou, ils durent se résigner à passer l'hiver au poste avec leurs familles désorganisées, beaucoup ayant pris le chemin du sanatorium, affaiblis, incapables de chasser, de se vêtir. Dans ce même temps s'ouvrait à une centaine de milles plus loin, une importante mine de nickel. C'est le chemin que prirent la plupart de nos gens, réduits comme le "blanc" à fournir tant d'heures de travail, à recevoir un salaire dont au début ils feront un bien piètre usage, eux, peuple libre et indépendant, marchant à l'aventure sur cette terre qui, après les avoir façonnés à son image, n'a plus de secrets pour eux. Qui, sinon un esquimau peut survivre dénué de tout dans cette mer de glaces?

Depuis quelques années seulement, existe à Chesterfield un pensionnat, sous la direction des Soeurs Grises de Nicolet, qui accueille à chaque année ue centaine de petits esquimaux. Peu à peu, l'instruction s'impose. L'anglais y est enseigné. Plusieurs parlent couramment cette langue, après avoir passé un certain temps dans les sanatoriums, victimes de la "peste blanche" qui, pour nous, n'est plus une menace mais pour eux demeure toujours un danger imminent. Avec la modernisation actuelle dont le Nord est l'objet, l'esquimau n'en est pas exclu. Est-ce un bienfait pour lui? Ne vaudrait-il pas mieux le laisser à sa vie errante? En voulant le civiliser, ne contribue-t-on pas plutôt à faire disparaître lentement mais sûrement cette belle race esquimaude?

Nord! Pour moi infirmière, tu fus une révélation sans pareille! J'ai admiré le merveilleux équilibre de tes habitants, leur endurance, leur résignation envers la souffrance. J'ai vu des scènes quasi tragiques des départs d'enfants guéris qu'il fallait retourner, tout en se demandant s'ils survivraient, la mère étant au sanatorium et le père quelque part à la chasse ou la pêche. J'ai admiré le merveilleux sang-froid de tes femmes à l'accouchement; pour elles, donner la vie est la chose la plus naturelle qui soit.

Nord! Quel charme exerces-tu donc? Que se cache-t-il sous cette dure écorce neigeuse qui envoûte et charme tout à la fois? Le Créateur se serait-Il plu à doter tes espaces illimités et ta nudité complète d'un attrait maléfique, attirant le voyageur comme dans les légendes, les sirènes attirent le marin?

Nord! Tu m'as conquise! Est-ce par ta grandiose sérénité? Ta blancheur émouvante dont seuls quelques nomades en quête de subsistance en troublent la monotonie? Est-ce par tes nuits profondes où évoluent de gracieuses nymphes polaires et dont les danses rythmées ne reçoivent en ultime appréciation, que le hurlement des chiens? Oui, par tout ça, sûrement, mais encore plus, par un quelque chose d'inexplicable de mystérieux et qu'avec nos yeux d'humains nous pourrions appeler une parcelle d'Infini.

Sélection

Généralités sur les Tranquillisants

Parler de tranquillisants n'est pas un sujet facile. Les progrès dans ce domaine sont en ce moment si rapides que presque chaque mois nous apportons de nouvelles éditions à la série des tranquillisants et nous serons à même d'en trouver beaucoup d'autres encore. Les techniques de comportement mises au point récemment se prêtent particulièrement bien à l'évaluation des tranquillisants. Les mots "tranquillisant" et "tranquillisation" ne

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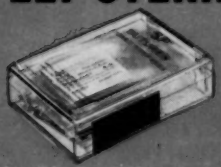

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sont employés en pharmacologie et en médecine clinique que depuis quelques années. Ces expressions tendent à classifier un groupe de composés dont l'action est extrêmement complexe, mais qui exercent tous des effets marqués sur le système nerveux central. La "tranquillisation" suppose une substance à effet calmant, modérateur de l'activité, et relâchant, mais nullement anesthétique. Le terme "tranquillisation" est purement descriptif et marque la différence entre le mode d'action de ces nouveaux médicaments et celui des barbituriques et des autres sédatifs. Il fut d'abord employé pour décrire la singulière action de la réserpine qui rend les animaux d'expérience tranquilles mais ne produit jamais d'anesthésie. Les animaux prennent une position de repos mais peuvent à tout moment être éveillés par des stimulus acoustiques ou tactiles.

Grand intérêt de la question

Le grand public s'intéresse énormément au problème des tranquillisants. Au cours des trois dernières années, la grande presse publiait des articles presque quotidiens à ce sujet qui a presque autant fasciné le public que le vaccin contre la polio ou les remèdes contre le cancer. Le Département de la Santé, de l'Education et du Bien-Etre social des Etats-Unis a publié une étude sur l'Hygiène publique et les problèmes sociaux dans l'emploi des médicaments tranquillisants."

Les statistiques nous disent qu'en 1956 les médecins ont rédigé à peu près 35 millions d'ordonnances pour des tranquillisants. En d'autres termes, un Américain sur cinq, tenant compte des enfants et des mineurs, a eu besoin d'un tranquillisant à un moment donné de l'année.

Valeur des tranquillisants

Sans contredit, les tranquillisants sont ici pour de bon. Certains d'entre eux sont efficaces et ont calmé un grand nombre de malades agités, dans les hôpitaux. Ils peuvent aussi alléger des tensions de toutes sortes dont souffrent une multitude de personnes normales.

Il n'est pas possible de classer les tranquillisants dans la catégorie des médicaments qui créent l'accoutumance. Jusqu'ici des symptômes d'abstinence n'ont pas pu être constatés avec certitude. Plutôt que l'absence purement physiologique du médicament, c'est le retour à l'ancien état d'anxiété qui pèse sur le patient. La tolérance est d'habitude tout à fait minime, quoiqu'on ait signalé certains cas où les patients étaient obligés de prendre des doses de plus en plus fortes d'un certain tranquillisant pour que l'effet thérapeutique continue de se faire sentir.

Comme tout autre médicament, les tranquillisants, eux aussi, ont des effets secondaires, particulièrement quand ces composés sont pris en doses excessives, ce qui se produit facilement dans un domaine où les émotions jouent un si grand rôle. Selon une récente publication, presque 400 patients sur 8200 traités par divers tranquillisants, manifestèrent des effets secondaires graves, y compris de graves troubles hépatiques et cutanés, des dérangements gastro-intestinaux, etc. Dans ce même groupe il y eut deux cas de dépression aiguë se terminant en suicide.

Les phénothiazines

C'est aujourd'hui le groupe le plus important de tranquillisants. Les phénothiazines furent mises au point par des chimistes français. Nous nous attendons à voir introduire d'ici deux ou trois ans un nombre beaucoup plus grand de tranquillisants du groupe des phénothiazines.

Les alcaloïdes de la Rauwolfia — La réserpine

L'histoire de la réserpine nous amène dans l'Inde, où les racines de l'arbuste *Rauwolfia serpentina* sont utilisées comme tranquillisant depuis des siècles.

La Rauwolfia est présentée sur le marché sous forme de comprimés de racines standardisées et broyées. La fraction dite alséroxylon contient seulement certains alcaloïdes de la Rauwolfia, et enfin la réserpine cristalline pure.

Avenir des tranquillisants

On évalue les tranquillisants chez les animaux. Il est bien plus difficile de savoir s'ils tranquillisent aussi les êtres humains.

L'opinion des experts est loin d'être unanime. Mais je crois que nous pouvons à juste titre supposer qu'en effet les tranquillisants tranquillisent, bien que je pense qu'ils seraient même un grand bienfait s'ils ne faisaient que créer l'illusion d'un effet tranquillisant.

Par le Dr Emil Schlittler, Directeur de la Recherche, Ciba Pharmaceutical Products, Inc.

—*Revue de pharmacie*, Montréal, octobre 1957.

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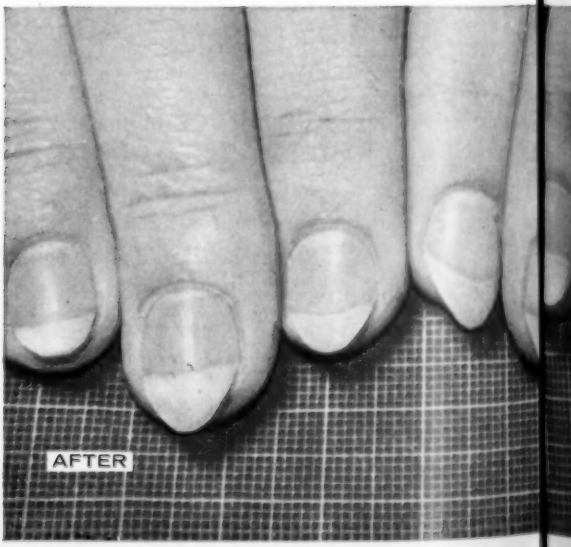
TWO NEW CLINICAL REPORTS REAFFIRM THE BENEFITS OF GELATINE FOR



© 1963 Knox Gelatine Co.

Evidence continues to accumulate verifying the effectiveness of Gelatine in the treatment of brittle fingernails. Investigators report that the nails show objective evidence of improvement.[1,2,3,4] Furthermore, patients often volunteer that their nails "feel stronger," "look smoother," and "I can pick up things without them hurting."[1] Evidently the subjective sensations associated with improvement are nearly as important to some patients as the positive physical change in the nails' appearance.

Improvement Noted in 81% of Patients

See the chart below for a summary of the effect of Knox Gelatine in brittle fingernails as observed in all published reports. Photographic evidence of improvement, much of it in color taken before and during treatment, is available for most of the patients.[1,2,3] Please note, however, that where Gelatine was used in the treatment of pathological conditions associated with brittle fingernails only in psoriasis did the data show definite improvement.[1,3,4]

Response to Gelatine in Brittle Fingernails

References	Dosage	Duration of treatment	No. patients w/ brittle nails	No. patients improved	No. patients w/ brittle nails and other pathology	No. patients improved.
1. Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: *A.M.A. Arch. Dermat.* 76:330, (September) 1957	7 Gm./ day	3 months	**50**	**43** (86%)	**32**[a]	**9**
2. Schwimmer, M. and Mulinos, M.G.: *Antibiot. Med. & Clin. Therapy* 4:403, (July) 1957	7.5 Gm./ day	11-16 weeks	**18**	**15** (83%)		
3. Rosenberg, S. and Oster, K. A.: *Conn. State Med. J.* 19:171, (March) 1955	7 to 21 Gm./day	15 weeks	**36**	**26**[b] (72%)		
4. Tyson, T. L.: *J. Invest. Dermat.* 14:323, (May) 1950	7 Gm./day	13 weeks	**12**	**10**[c] (83%)		
Totals	7-21 Gm.	11-16 weeks	**116**	**94** (81%)	**32**	**9** (28%)

a. Gelatine improved psoriatic nails in 5 out of 12 cases. In onychomycosis and other pathological conditions of the nail it was of no appreciable help.

b. Of the failures, 2 had congenital disease of the nails, 3 were diabetics and 3 took the medication for less than one month.

c. One patient with psoriasis and arthritis and one patient with psoriasiform nail changes showed improvement in 2 and 3 months respectively.

BRITTLE FINGERNAILS

Important Note

The pharmacodynamic effects of Gelatine are manifested through its high Specific Dynamic Action, and therefore, depend upon adequate and prolonged intake. All published clinical research has been conducted using 7 to 21 grams (1-3 envelopes) of Knox Gelatine per day for the three to four months that are required for complete regrowth of the nails. Smaller dosage would induce a lesser specific dynamic action and thus prove ineffectual in correcting the brittle nail defects. More detailed information on brittle fingernails and reprints of the two more recent clinical reports are available on request. Please use the attached coupon.

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☐ Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: *A.M.A. Arch. Dermat.* **76**:330, (Sept.) 1957.

☐ Schwimmer, M. and Mulinos, M.G.: *Antibiot. Med. & Clin. Therapy* **4**:403, (July) 1957.

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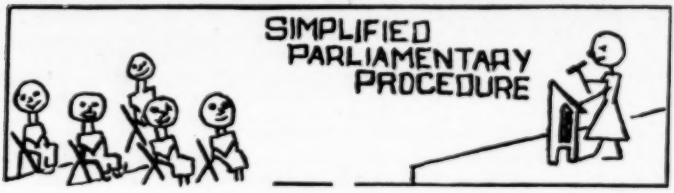

II Order of Business

THE KEY to a well run, smoothly conducted meeting is the thoughtful planning that precedes it. To assist the chairman in marshalling all the items for discussion, a definite order of procedure, or an agenda, is most helpful. Some organizations provide for the order in which business will be taken up in their bylaws. If no such provision is made, some such pattern as the following may be used:

1. Call to order
2. Minutes of previous meeting
3. Correspondence
4. Reports of:
   (a) The treasurer
   (b) Standing committees
   (c) Special committees
5. Unfinished business
6. New business
7. Adjournment
8. Program

The president and the secretary share responsibility for lining up the precise order of business for each meeting. Using the above agenda as a guide, the various items that are to be discussed are sorted out into their proper position. It is the surest method of avoiding confusion and perhaps overlooking a small but significant piece of business.

Nevertheless, the presiding officer must recognize that even the most carefully planned agenda must be flexible enough to permit changes even while the meeting is in progress. Excepting in very formal meetings, it is unnecessary to have a motion to give precedence to the report of a special committee chairman, for example, if a standing committee chairman is not yet ready.

1. *Call to Order* — the *Quorum*

Promptly at the time fixed for the meeting, the president announces: "The meeting will come to order." Provision is usually made in the bylaws for the number or proportion of the members — *the quorum* — who must be present in order to legally transact business. It is common practice for an organization to fix the quorum at less than a majority of its membership. Many provide, for example, that one-third or one-quarter, even one-sixth of the active members shall constitute a quorum. Thus, in an association with 40 active members and an approved quorum of one-quarter, the president can proceed with the business if only 10 members, including herself, are present.

If there is not a quorum present no business should be transacted excepting to set the time and place for the next meeting. Fewer than a quorum may adopt a motion to adjourn but no other motion.

2. *Minutes of the Previous Meeting*

Unless copies of the minutes have been circulated previously to all the members, they are read. This reading will refresh the memory of those present regarding the business that had been transacted and will also provide an opportunity for any corrections that may be necessary. However, a member may move that the minutes be approved as recorded, without having them read. If seconded and adopted by majority vote, the reading is omitted.

When the minutes are read, the president calls for corrections by saying: "Are there any additions or corrections to the minutes?" After a momentary pause, she may then say "There being no additions or corrections, the minutes are approved." A formal motion for the adoption of minutes is not required. If one is made, it should be made by any member, including the

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secretary, who was present at the previous meeting and who is aware that all details have been reported accurately.

If corrections are called for, they are usually made by common consent rather than by having explicit motions for each.

The president signs the minutes following their approval.

3. *Correspondence:*

Many organizations divide secretarial duties between a recording secretary who attends to the business details, including minutes-taking, and a corresponding secretary who writes all the letters, answers all official mail and keeps the file of correspondence for the association.

Only occasionally is it essential or advisable to read letters in full. The president usually calls upon the secretary to give the highlights of each letter. It is equally unnecessary for the secretary to read every word she has written to the correspondents as the result of previous business. It is sound policy for the secretary to provide the president with copies of all letters she writes on behalf of the association, however.

Business arising from correspondence may be dealt with immediately or may be delayed until new business at the discretion of the president.

4. *Reports:*

The treasurer submits a summary of the finances of the organization at each meeting, if requested. Usually it is sufficient if the monthly reports note only the total receipts and disbursements during the period under review, and the present balance. The annual report is, of course, more detailed and should be accompanied by supporting vouchers, etc.

Standing committee chairmen are asked for reports in the order in which the committees are listed in the by-laws. Special committees are called upon in the order of their appointment. Committee activity will be discussed in greater detail in another article in this series.

5. *Unfinished Business:*

Under this part of the agenda will be included all business, not part of committee activity, that was left uncompleted at the conclusion of the previous meeting. It sometimes is listed in the agenda as "Business arising from the Minutes." It is less confusing if all these items are referred to this point on the agenda when all committee reports have been given. Only those pieces of business which have not been incorporated into other reports will find a place here.

6. *New Business:*

Any member may bring up new matters which she wishes to have discussed at this point in the agenda.

7. *Adjournment:*

Since no meeting is adjourned until the chairman announces it and since no such announcement can be made until adjournment has been moved and seconded, this often neglected part of a business meeting has a definite place on the agenda. It is customary to have this motion for adjournment before a speaker is introduced or before the social part of a gathering begins.

Minutes

Since the record of business transacted at each meeting may have legal as well as historic significance, it is important that the secretary should have a clear understanding of her responsibility for what the minutes should and should not contain. It is very seldom necessary to have a verbatim report of all the discussion that takes place at a meeting which is fortunate since few nurses are shorthand experts. The secretary should have a notebook in which are jotted down enough words to give her the cue to the business covered. All formal motions should be written out in full as they are made and the wording checked with the proposer to ensure accuracy.

Even a secretary with a prodigious memory should not delay the transcribing of her minutes. Do it the next day if possible; within a week at the latest. After they have been written into the official record book, they are *signed by the secretary*. In the absence of the regular secretary, the substitute is responsible for writing the minutes and signing them. It is most unfair to hand notes to the absentee and suggest that she clothe the few memos in suitable words.

What should go in — what should be omitted from Minutes?

1. *Opening paragraph:* Each set of Minutes starts with the name of the organization, the kind of meeting,

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Dihydrocodeinone bitartrate	¼ gr.
Ammonium chloride	8 gr.
Potassium guaiacolsulfonate	8 gr.
Menthol	q.s.
Alcohol	5%

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(regular, special, annual), when and where it took place, and who presided.

The regular meeting of the St. Joseph's Hospital Alumnae Association was held in the auditorium of the nurses' home on Wednesday, November 12, 1958 at 8:15 P.M. Miss Mary Brown, president, was in the chair.

2. Record the things done, the reports given, the business introduced, the votes taken. All motions are included with the name of the mover. Though most motions require a seconder, it is optional with an organization whether or not the seconder's name is noted in the minutes. If there are a great many motions, it is good policy to number them for subsequent ease of reference. At the end of each motion the action taken is indicated.

Motion 9 — Moved by H. Smith and seconded:

That $50 be spent on books of fiction for the student nurses' library. Carried.

3. The essence of the reports that are given — whether written or oral, — may be included.

L. Brown, chairman of the Bursary Award Committee reported that six applications were received. The presentation will be made to the winner at the next meeting.

4. Omit lengthy discussions, flowery descriptive words, and personal interpretations of the business that was brought forward.

Next Month — **Main Motions**

Going Home

SYRETHA SQUIRES MILLEY

IT IS STRANGE TO LEAVE one's present abode, travel 4000 miles, and find when one reaches London that one has simply "gone home." To those of us who are of British origin, London seems almost our home. Our roots are there. Ancestors, good and bad, walked the London streets, gazed as we did at St. John's Chapel that has stood within the White Tower of London since 1080, a perfect jewel of Norman architecture. Lincoln's Inn and the Old Curiosity Shop — shades of Charles Dickens! Westminster Abbey, the Houses of Parliament — we see before us the birth-place of western civilization where the knowledge, skill, passion and intellect of our ancestors has been translated into memorable stone.

By a circuitous, many-countried route to Florence, Italy, birthplace of Florence Nightingale, the founder of modern nursing. The home of the Brownings and Elizabeth's last resting place.

Rome! The Eternal City on the face of which the annals of the human race are written. No person could ever feel a stranger in Rome. Here in the seat of Christianity we are "going home" as we learn the things of the past. To many, it is the spiritual home. The throngs of people who crowded into St. Peter's on the day the nurses were enabled to attend an audience in a body, heard His Holiness say "He who travels far, learns much." As the benign, tired old man blessed us all, it was as the breath of life to those who believe.

Never will we forget the glistening whiteness and beauty of "The Pieta" — one of the most magnificent works of young Michaelangelo. The name of the artist is chiseled on the sash that covers the Madonna's shoulder. The severity of the beautiful figures is veiled in sadness. On the knees of the eternally young Virgin lies the body of Christ who seems to sleep.

The sessions of the I.C.N. congress gave all of us the opportunity to "go home" professionally. There the spirit of Florence Nightingale lingered as day after day her life, and especially her work, were referred to or quoted. We hope we did her honor. We felt the need for greater dedication. We agreed that the word should be emphasized to students in our schools of nursing — not as something that comes with advancing years but as an ongoing, daily spiritual exercise in its fullest meaning. Here

Mrs. Milley is a nursing instructor at Niagara Peninsula Sanatorium, St. Catharines, Ontario.

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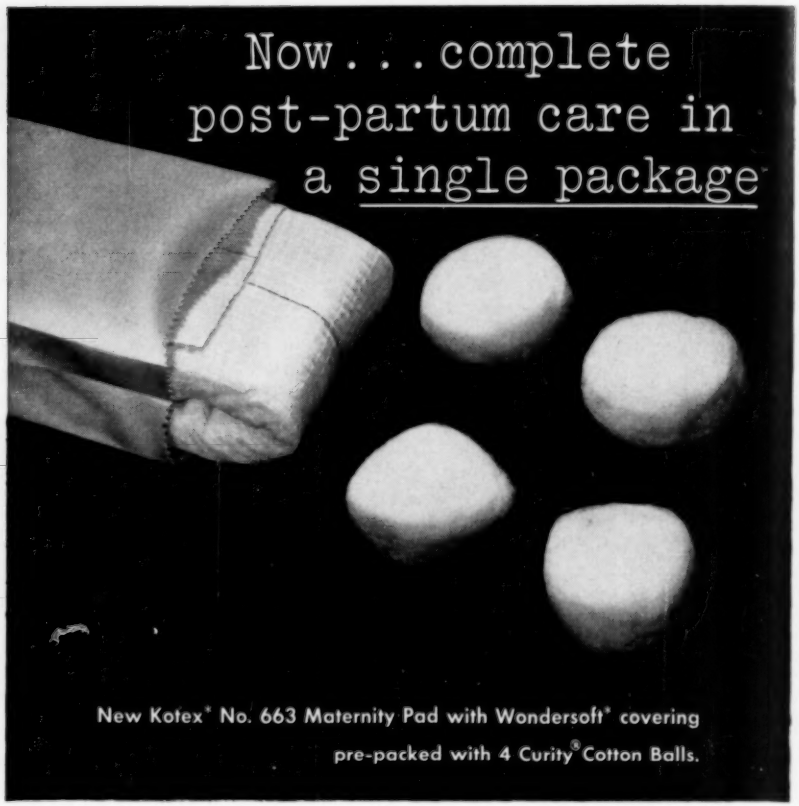
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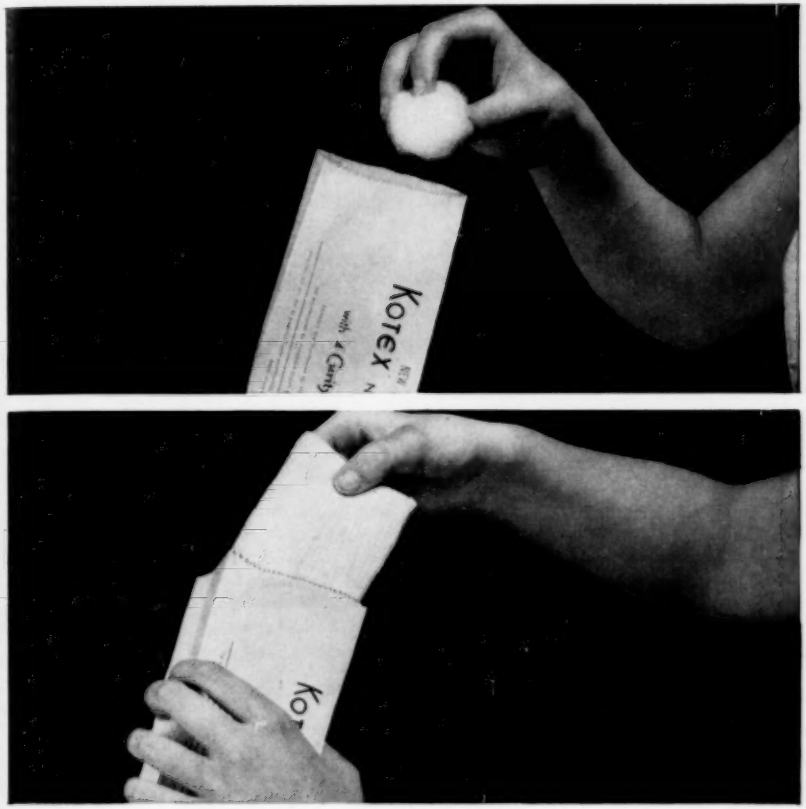

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at this Congress, with time enough for reflection, we could look objectively at the professional life of nurses. Many mistakes and short comings were revealed and the truth lay clear. Such a rich heritage of service and devotion that has gone into the blending of our profession deserves only the best from every nurse.

Elles Etaient Trois Mille Cent Dix-Huit

FERNANDE VERRET, B.Sc.H., M.S.S.

RÉUNIES EN CONGRÈS, dans l'immense enceinte du Palazzo dei Congressi, EUR, à Rome le vingt-sept mai dernier, trois mille cent dix-huit infirmières venues de toutes les parties du monde, avaient répondu à l'appel lancé par le Conseil International des Infirmières.

Madame Carla Gronchi, épouse du Président de la République Italienne, était présente à la séance inaugurale. Après l'invocation au Tout-Puissant, la musique chorale du Coro di Voci Bianchi, (choeur d'enfants) se fit entendre et ravit les congressistes, tant par la pureté des voix, que par le choix des pièces exécutées.

Dans son allocution de bienvenue, Monsieur Umberto Tupini, sénateurmaire de Rome, reconnait l'infirmière comme "une samaritaine de l'humanité" dont l'aide doit être intelligente, responsable et soutenue.

Le Haut-Commissaire de l'hygiène et de la santé publique d'Italie déplore la pénurie d'infirmières et son rôle trop méconnu. Il émet le voeu qu'une vigoureuse impulsion soit déclenchée en fonction d'une saine et large publicité. D'éminents invités d'honneur ont abondé dans le même sens, réalisant que l'humanité attend de notre profession, un agrandissement proportionné à notre vaste champ d'action. La valorisation des principes et techniques a été soulignée comme l'un des meilleurs moyens d'entrainer les jeunes dans la profession.

Hôtes de l'Association des Infirmières italiennes, dans la Ville Eternelle, berceau du nursing chrétien, nous sommes redevables à celles qui se sont souciées de créer un climat favorable au développement du thème du Congrès: Responsabilité. En mil huit cent quarante-sept, Florence Nightingale, dans cette même ville, s'intéresse aux problèmes d'assistance; mil neuf cent cinquante-sept, ses suivantes s'interrogent sur cette responsabilité.

Mlle Verret demeure à Québec, Province de Québec.

La Présidente, Mademoiselle Marie Bihet, définit cette responsabilité: "l'obligation de répondre de ses actes envers ceux qui dépendent de nous." Les travaux présentés durant les trois jours suivants ont illustré de façon for éloquente, le quand, comment, où, pourquoi. De sympathiques ovations ont semblé témoigner de l'engagement rationnel et affectif de l'assemblée qui se dispersera de par le monde, afin d'y poursuivre son oeuvre d'humanité, de science et d'amour.

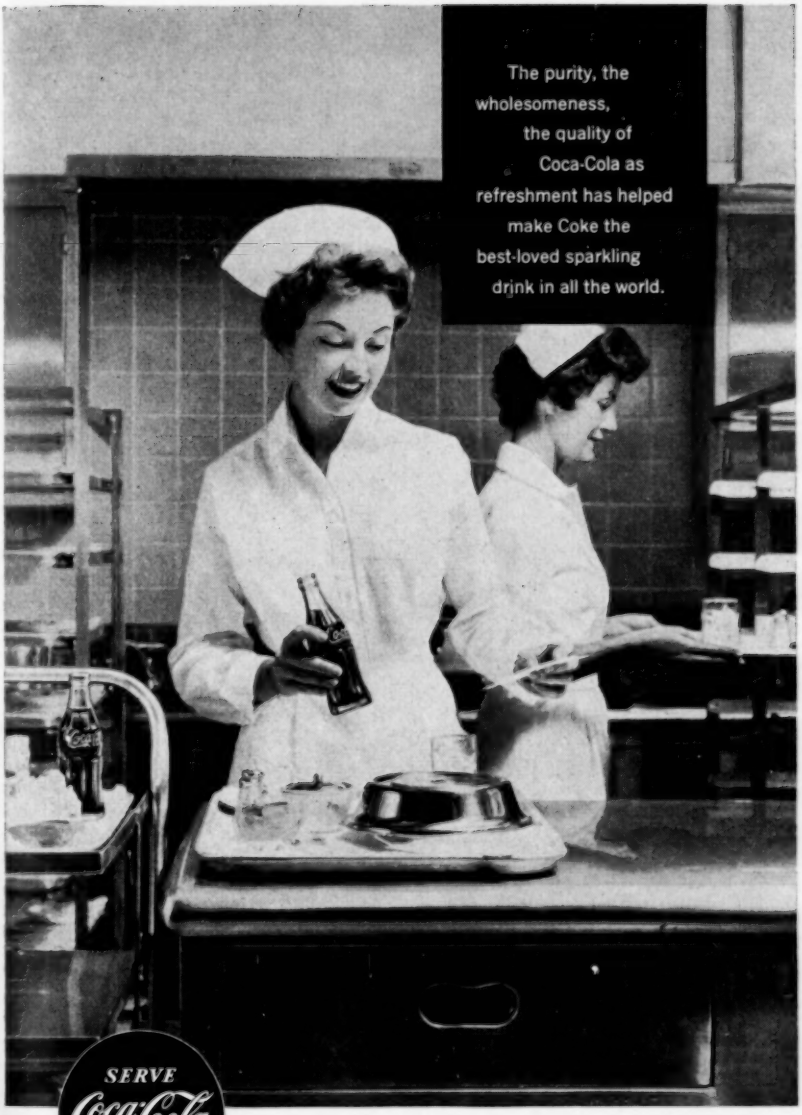
Signalons ici, un moment solennel de la séance d'ouverture: la remise d'un "collier symbolique" à Madame la Présidente. Désormais, toute présidente le portera fièrement aux occasions officielles du C.I.I.

Dans son substantiel, précis et concret rapport, mademoiselle Daisy C. Bridges, secrétaire-exécutive du C.I.I. mentionne l'admission de dix autres pays au dit Conseil. La séance d'investiture de ces associations nationales revêtait un caractère particulièrement émouvant.

D'autres pays, encore non accrédités, font des efforts soutenus, pour répondre aux exigences requises, à preuve que les critères fondamentaux d'accréditation du C.I.I. suscitent un intérêt toujours grandissant. Il est à déplorer qu'un des handicaps à surmonter semble être le manque d'éducatrices compétentes. Au prochain rendez-vous, en Australie, sous la présidence de mademoiselle Agnès Ohlson, nouvellement élue, souhaitons que les difficultés actuelles seront choses du passé.

Déjà, depuis mil neuf cent quarante-neuf, date où la Fondation Internationale Florence Nightingale (dont le nom est depuis le vingt-sept mai dernier, Florence Nightingale) s'est affiliée au C.I.I. le travail accompli en fonction d'améliorer la préparation des infirmières s'est accru avantageusement. Cette division de l'éducation du C.I.I. entend poursuivre son but et aider celles qui veulent bien d'abord s'aider elles-mêmes.

Rappelons que le thème du congrès, "Responsabilité" échoit à chacune d'entre nous,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Saskatoon Student Nurses' Conference

Lois L. Smith

In May, 1957, Miss Jean Klymyshyn, a senior student of the University of Saskatchewan School of Nursing, presented the idea of holding a student nurses' conference in Saskatoon. The three schools participating were the University Hospital, St. Paul's Hospital, and City Hospital. Each student body chose a committee to meet and organize the conference. The aims of the conference were:

1. To provide for an exchange of ideas among the student nurses of Saskatoon.
2. To provide educational material of interest to student nurses of today.
3. To promote interest in professional organizations, especially the Saskatchewan Registered Nurses' Association.

The first evening of the conference, which started on Tuesday, August 6, saw City Hospital students as hostesses. A tour of the girls' residence followed the registration. The guest students were then conducted to the educational displays which showed many of the interesting pieces of equipment and procedures of the students' program. Miss Smith, director of the City Hospital School of Nursing, welcomed the guests.

The guest speaker of the evening was Miss Lucy Willis, assistant professor at the University of Saskatchewan School of Nursing, and president of the Saskatchewan Registered Nurses' Association. She spoke to the students about her recent trip to the International Council of Nurses in Rome and pointed out to them their future roles as registered nurses. Miss Willis' inspiring talk was followed by a panel of students, representing the three schools, presenting the advantages and disadvantages of forming a Saskatoon Student Nurses' Association.

The evening came to a close with a social hour during which the City Hospital students provided entertainment in an atmosphere of informal mixing.

Miss Smith is a 3rd year degree student at the University School of Nursing, Saskatoon.

St. Paul's Hospital was the location of the second evening of the Conference which was held on August 8. The guests were shown the residence and the display depicting the many different fields of nursing.

Sister Jeanne Quintal, director of St. Paul's Hospital School of Nursing, welcomed the students and introduced Sister Brigitta who showed many interesting slides of missionary nursing in Pakistan. Mrs. Van Heech was the guest speaker. Her topic was "Midwifery on the Continent" and she related many of her amusing experiences as a midwife in Europe.

The panel of students chose "Fields of Nursing" for discussion. The fields discussed in detail were Armed Forces Nursing, public health nursing, and Red Cross nursing.

Again the students were entertained by the hostesses and many old and new acquaintances were brought together during this social hour.

The final conference on August 13 was held at the University Hospital. The evening started with a tour of Ellis Hall, the students' residence, and of the educational displays which had been set up by the students from each department in the hospital. These displays were judged on the basis of attractiveness and educational value as related to student nurses. Miss Hazel Keeler, director of the University of Saskatchewan School of Nursing, presented a shield to the students of the winning department, Diet Therapy. She also extended her welcome on behalf of the school to the guest students.

The guest speaker of the evening was Dr. McKerracher, head of the Psychiatry Department at the University Hospital, who spoke on the topic "Mental Health." He brought out many ideas and questions which later inspired much controversy among the students.

The student panel presented Social Welfare Case studies pointing out the problems and relationship of the Social Welfare Department to the hospitals.

The final social hour of the Conference

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1. Grayzel, H. G., and Schapiro, S.: Western Journal of Surgery, Obstetrics and Gynecology, Oct. 1956.

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was held on the out-door patio of Ellis Hall. Students from the three schools of nursing mingled and visited, exchanging both personal and professional ideas. This showed the wonderful atmosphere of united fellowship, which was evident throughout the whole conference.

This first Saskatoon Student Nurses' Conference was very successful with everyone that participated being well satisfied with the results. It was felt that the aims had been well accomplished. Nearly 300 students registered for the three evenings plus the many honored guests from the faculties of the three schools.

Plans are already underway in preparation for the 1958 conference. The students hope to make this an annual event. The student nurses feel that all future Saskatoon student nurses should have the same opportunity of learning, sharing ideas, and making friends, as they have had through the planning and participation in the 1957 Saskatoon Student Nurses' Conference.

Child Welfare in the Soviet Union

HAZEL WALSH

DURING THE TWO WEEKS I lived under the Red flag with its yellow star, hammer and sickle design, I saw many interesting sights and had many memorable experiences. One of the most intriguing was the glimpse I had of the system of child welfare as practised by the Soviet Union. Perhaps I should emphasize *physical care* in connection with child welfare. There was no sign of any spiritual teaching being carried out among the young. We all know that any child may be a potential leader of the world. He certainly will be another supporter of the empire if he is sound in wind and limb. It appears as if the U.S.S.R. is working systematically upon each child from the cradle with this fact in mind.

Though the mother of a newborn babe is given every care and attention in an obstetrical ward, she, her husband and her family are left in no doubt as to the relative importance of the mother and the child. The mother must remain in hospital for 12 days — not for her health's sake but to build up her body to its most efficient milk-producing standard. To avoid any outside contamination, no visitors are allowed except the husband and he only twice during the period of hospitalization. The mother is not allowed to knit or do any woollen handwork. In fact needlework of any kind is discouraged through fear that a stray thread might be inhaled by the precious new citizen.

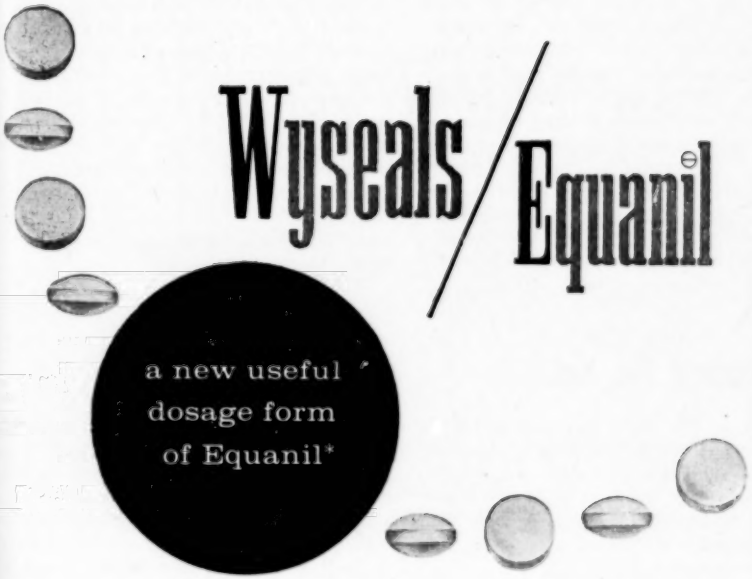
Clad closely in gown and mask, I was given the privilege of visiting a pediatric hospital in Leningrad. In one ward were seven premature babies whose birth weight — according to their respective Kardex — averaged one-half to one kilogram. At six weeks their weight was increasing satisfactorily. The ward was large and very well ventilated. The babes were wrapped very warmly, in fact almost swaddled.

I inquired about the formula used for feeding these small scraps of humanity, and was invited into a small room where several women were sitting. "Mothers?" I asked, nodding my head back to the ward we left. "No," the director replied bluntly, "They give their milk." Then added "They are well paid for this service."

If a child is an orphan, or if for some other reason he has to remain in this hospital, he is given physical exercises daily. I saw several babies, aged about four months, placed in a row on their backs in a large crib. Bright colored rings were placed within reach of their fingers. Those who reacted more slowly were encouraged and helped by the attendants. Each day a thorough examination was given to each child and particular note was taken of their reflex actions.

As the child becomes older, com-

Miss Walsh who was doing private nursing in Vancouver when this article was written, visited the Soviet Union during an extensive overseas trip.



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munal nurseries are provided. I saw several groups of what appeared to be preschool children playing in a large field. They were in charge of older women. I also visited an area known as the Children's Park. Here were football, basketball fields and a gymnasium. There was also a large area devoted to technical instruction — building construction, machinery assembly, operation of cement mixers and lathes. Every kind of apparatus that would whet the appetite and encourage the boy or girl with a mechanical turn of mind was represented. All the material used was of the best quality and must have cost the State thousands of rubles.

Throughout this park were beautiful lawns and flower gardens, all carefully tended. In one prominent place were large photographs of the present government officials. Groups of children were romping and playing. Others were working with the tools and mechanical gear. Each one appeared to be enjoying the park in his or her own particular way. Not once did I see any sign of vandalism or wanton destruction.

The Bread You Eat

Most of the world lives on bread. In prosperous times, certain peoples use larger amounts of meats, vegetables and fruits to vary their diets, but even so, bread is never out of the picture. From five to eight slices of bread a day is a fair estimate of the usual adult consumption.

Consumption of bread has declined in recent years, because of the availability of more money to purchase the more expensive foods. But there are also some fallacies to be blamed for this falling-off.

One is that bread is fattening. No single food is fattening. It is the diet as a whole. Calorie for calorie, all foods are equally fattening, and no food is "slimming." One would have to eat more lettuce than butter to get a hundred calories, but if man's digestive system were so constructed, he could fatten on lettuce, as rabbits do. The 60 to 65 calories in a slice of bread — less if the loaf is small and the slice thin — is not at all fattening in itself.

Most persons now realize that calories are only the beginning of nutrition. The protein, mineral and vitamin constituents, as well as the carbohydrates and fats, are of greater significance. In these categories, the bread you buy does well. Most breads now contain much more than the flour, water and yeast of the conventional basic dough. Milk or milk solids are used thus enhancing the nutritional value of bread.

Almost all bread now on the market contains replacement quantities of four important elements lost from the grain by milling it into white flour. These are thiamin, niacin and riboflavin, all members of the vitamin B group, and the mineral, iron. The replacement of these substances is called enrichment. By this process, white bread is restored to the same nutritional status as the less popular brown, whole wheat or graham breads.

The labeling of bread discloses considerable information as to the actual contents of the bread, especially with regard to milk or milk solids. But labels do no one any good unless they are read. How recently have you read all the statements on the label of the bread you buy? That's the way to know what you are buying. The bread you buy is good food. —W. W. Bauer, M.D.

* * *

Be not afraid of life. Believe that life is worth living and your belief will help create the fact.

* * *

Just for today I will have a program. I may not follow it exactly but I will have it; I will save myself from two pests: hurry and indecision.

Just for today I will try to live through this day only, and not tackle my whole life problem at once. I can do something for twelve hours that would appal me if I felt that I had to keep it up for a lifetime.

—*The Beacon*, Winnipeg Municipal Hospitals.

* * *

Mental illness is becoming increasingly common in Canada. More than one half the occupied hospital beds accommodate mentally ill people. There is more hope for quick cure if the patient receives early diagnosis and treatment.

—Dept. of National Health & Welfare

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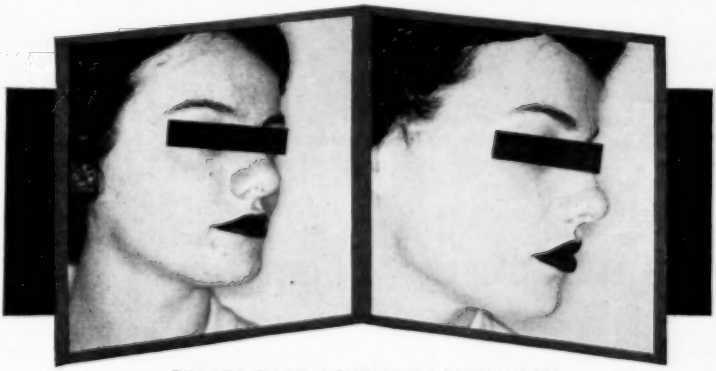

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Along the hall.
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The comfort and cheer she brings when
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She spreads out her skirts so carefully
Should she sit and chat a while,
And we admire
The simple grace with the dignity
And genial friendliness
Of her attire.

She is not gowned in the taffeta
Of a dancer at the ball,
Nor does she wear
The crinoline of a party frock,
Nor the costume of a ballet
At grand affair.
Yet our rustling lady is demure
And truly charming as she
Comes into view,
Dressed in her white cap and apron
Neatly fitted over gown of
Hospital blue.

(Written for the nurses in training in the Women's College Hospital, Toronto.)

About Building Morale

Morale is one of the most precious elements in a business . . . In time of war, morale is the ability to endure hardship and to show courage in the face of danger. In peace time, it means willingness to serve faithfully, to get together in solving problems, to work harmoniously in getting the work done . . . The work that men do is an essential part of their lives, not mainly because by it they earn bread but because a man's job gives him stature and binds him to society . . . However humble a man's job may be, he is entitled to be given the assurance that it is important and that his ability in it is highly regarded. He needs the assurance that he is wanted and that he belongs on the team . . . The severest criticism that can be given to any man is not to find fault with him but to ignore him completely. He doesn't know where he stands; he doesn't even know whether or not he's on the team.

—Excerpts from THE ROYAL BANK OF CANADA *Monthly Letter*, August, 1957.

* * *

Paprika, the fruit of the bonnet pepper from which a mild spice is ground, is a native of Hungary. In 1937, the discovery was made that paprika contains ascorbic acid. It is, in fact, the most prolific source of that valuable preventive of scurvy.

* * *

Nothing can be of value to humans unless they are involved in its choice. —ROLLO MAY

L'Impatience des Mères

Selon une étude publiée dans une revue londonnienne, "The Medical Officer," il faudrait ranger, parmi les causes importantes de dérèglement nerveux, la déception éprouvée par bien des mères quand leur enfant ne se développe pas comme elles l'espéraient.

Il est malsain de désirer qu'un enfant batte des records de précocité. Il n'y a même pas lieu de trembler à l'idée que le comportement de l'enfant pourrait ne pas être celui de la plupart des autres enfants, car le développement dit "normal" de l'enfant est variable à l'extrême.

L'enfant qui aura commencé à marcher à neuf mois ne s'en portera pas mieux, ne sera pas plus heureux que celui qui se sera décidé à faire ses premiers pas à l'âge de deux ans, à la condition toutefois que les parents de ce dernier l'acceptent comme il est.

—*L'Information médicale et paramédicale*

* * *

A booklet entitled "A Colostomy?" written and illustrated by the students of the class of 1955, Department of Nursing, University of Kansas School of Medicine, Kansas City should prove to be a valuable teaching aid. The care and training of a colostomy is briefly and clearly outlined. Questions concerning what to eat, what to wear, type and amount of activity and even the economic side of caring for a colostomy are answered.

* * *

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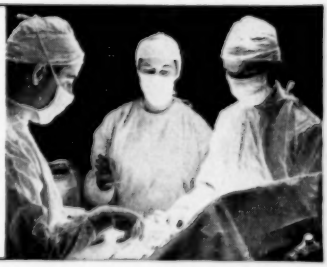

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What sort of effect has education of the pregnant woman and the use of exercises during pregnancy on the subsequent course of labor?

A doctor in London, England attempts to answer this by an investigation of 2700 primiparae delivered in maternity hospitals. One group of 1000 primiparae were trained for childbirth by being given maternity exercises, as well as lectures and group talks; the second group, of 700, had no exercises but were given the same lectures and talks; the third group, of 1000, had no special training for childbirth and were used as controls.

Those given exercises had a slightly lower proportion of cases with late hypertension, and hypertension with albuminuria. Length of labor was not affected by antenatal training in maternity exercises, and the demand for analgesics was not lessened. To add to this disappointing finding, the incidence of complications of labor was not reduced by training for childbirth, with the exception that the forceps rate for trained primiparae over 30 years of age was, statistically, significantly lower. Another odd finding was that the incidence of postpartum hemorrhage was higher for the untrained. The only cheering finding was that the premature infant rate and the perinatal mortality rates were approximately halved by exercises and/or lectures.

— *Canad. Med. Assoc. J.*

Book Reviews

Chest Surgery for Nurses by J. Leigh Collis and L. E. Mabbitt. 196 pages. The Macmillan Co. of Canada, Limited, 70 Bond St., Toronto 1. 4th Ed. Price $2.50. *Reviewed by Mrs. M. Klimczak, Assistant Supervisor, Brandon Sanatorium, Brandon, Man.*

The purpose of writing this book was to assist those who are caring for patients with chest conditions — to help them keep abreast of the many changes in chest surgery.

The book is divided into two sections. The first section explains the anatomy, physiology and mechanics of the chest. It is illustrated by 21 drawings. A clear picture of normal chest function is established in the mind before reading Section Two, which deals with pathological chest conditions and their treatment.

In the second section such topics as breathing exercises and anesthesia are dealt with fully. There are also chapters on the chest wall, pleura, the lung and mediastinum. There are 111 illustrations.

The final section of the book is an x-ray supplement and shows actual x-rays (14 in number) demonstrating such conditions as tuberculous empyema, tumors of the chest and carcinoma of this area.

This is a most educational book. It is of particular value to nurses in sanatoria, or on thoracic surgical wards in general hospitals where specialized nursing care is as important as or perhaps more important than the surgical procedure itself.

Health, Culture and Community. Case Studies of Public Reactions to Health Programs. By Benjamin D. Paul. 482 pages. Russell Sage Foundation, 505 Park Avenue, New York 22. 1955. Price $5.00. *Reviewed by Miss Eugenie Stuart, Dept. of Hospital Administration, School of Hygiene, University of Toronto, Toronto.*

This volume presents an organized collection of 16 case studies from widely differing communities in the world. Each case illustrates the acceptance or rejection of a health program or health situation operating at the community level, and considers the various elements in the origin and evolution of that society which influence the program's success or failure.

The cases that have been selected to "illuminate various facets of community process" are grouped in six sections: Re-

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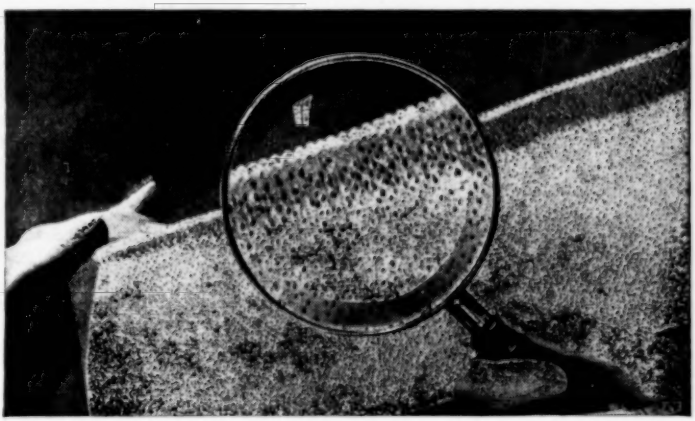
with Porous Adhesive

now available



SMITH & NEPHEW announce that a new form of Elastoplast — a bandage with a Porous Adhesive spread — is now available. After years of extensive clinical trials and successful use in Great Britain, results confirm that this new Porous adhesive largely overcomes skin reaction to occlusion, which some patients experience beneath fully spread adhesive bandages, by permitting free evaporation of sweat and minimizing epidermal keratinisation produced by the stimulating effect of the adhesive.

Elastoplast bandages with Porous adhesive are now freely available. Prices are the same as the normal spread Elastoplast bandages.

Points about Porous Elastoplast

1. Porosity throughout the entire surface of the adhesive — permits free evaporation of sweat.
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Elastoplast

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Further details may be obtained from:—

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educating the Community, Reaction to Crises, Sex Patterns and Population Problems, Effects of Social Segmentation, Vehicles of Health Administration and Combining Service and Research. Each study within the section has an abundance of human interest material but "combining service and research is not always easy."

Each study is introduced by a summary of the purpose of the health program, and a resume of its conduct and findings by the research workers in the situation. Each case is recorded in a comprehensive style and all cases follow a similar pattern in development: a statement of the problem, a description of the sociocultural background of the people in the community, the implications of introducing each health program, an interpretation by the research contributor of the reasons for the reactions of the people to the project and a list of annotated references. The short biography of the contributors which appears at the end of this book indicates the vast educational and research background of each, and adds impressive authenticity.

This book should be read and used by all health educators. It is an excellent source of material for sociologists. Although it is not primarily intended for nurses, instructors will find that the experiences of these research workers will be of special interest today in understanding and teaching the reactions of patients who are newcomers to this country and who bring with them the sociocultural background of their homeland.

Home Health Emergencies. Bureau of Public Health, Medical Department, Equitable Life Assurance Society of the United States, 393 7th Ave., New York. 256 pages.
Reviewed by Miss Elaine Corbett, Canadian Red Cross Society, Quebec Division, 2170 Dorchester St., Montreal.

The preface describes the book as a common sense guide to the handling of accidents and illness in the family, and as a source of information on the prevention of many of these emergencies.

Part One deals with home nursing. It outlines the adaptations required in the home to allow for the care of the patient. It instructs the home attendant in basic bedside nursing procedures and practices.

Topics include the attendant's responsibility to the physician; the selection and preparation of the sickroom, and the provision or improvisation of equipment such as backrests and air rings. Instruction in nursing care is limited to those treatments and procedures that can safely be performed by a lay person under direction. A short chapter on handling communicable diseases completes this part of the book.

The subject matter is clearly presented. Illustrations of improvised equipment together with directions for making it are included. This section is a satisfactory source of home nursing information for the inexperienced layman.

A communicable disease guide brings the home attendant up to date on recognition, method of spread, and prevention of childhood diseases and parasitic infestations.

Part Two — first aid — is an excellent practical guide to the handling of emergencies in and out of the home. It is liberally supplied with sketches of splinting, transportation of the injured, artificial respiration and other standard first aid measures. A unique alphabetical guide allows the user to locate needed information quickly. A table of poisons, including those contained in ordinary household cleaning and cosmetic supplies, is of particular value.

While this book is intended primarily for the layman, there are sections of it that would be of interest and value to professional nurses, particularly those working in isolated areas.

Handbook of Pediatric Medical Emergencies by Adolph G. Desanctis, M.D. and Charles Varga, M.D. 371 pages. C. V. Mosby Company, St. Louis, Mo. 2nd Ed. 1956.
Reviewed by Doris Wright, Clinical supervisor, Pediatric Ward, Royal Victoria Hospital, Montreal.

This is an excellent reference book that should be on every pediatric ward. Student nurses may not be able to understand every medical term but the signs and symptoms of each condition are so well detailed that this is no particular hindrance. This book would be particularly valuable to the interne especially if he is not familiar with pediatric procedure.

The illustrations are well done and are helpful to both nurses and doctors. The tables illustrating maintenance requirements of electrolytes per 24 hours and dosages of drugs for preanesthetic medication are especially helpful.

The simple explanation of procedure and equipment plus the clear illustrations make it possible for even a junior student to function in an emergency situation.

The chapters on metabolic emergencies, respiratory emergencies, care of the premature infant, pediatric procedure and treatment

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Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding:

NOURISHING AND DIGESTIBLE: Standardized to exact levels of fat content and Vitamin D.

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SAFE: Only finest inspected milk is accepted, production is continually supervised, and Morning Milk is protected by Carnation's special evaporated milk can.

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of poisoning are very important. The appendix lists commercial sources of poisons, describes content and treatment. This listing in pamphlet form would be very useful for distribution in Well Baby clinics, pediatric clinics and doctor's offices. Information concerning the newest drugs, antibiotics and their uses is also included.

The Feast of Lights

UNIFORMED NURSES, candles flickering in tiny Nightingale lamps, cheery songs, wide-eyed children hugging dolls — it might have been a scene repeated many times during the past holiday season in our hospitals. But this was a very special occasion for the participants.

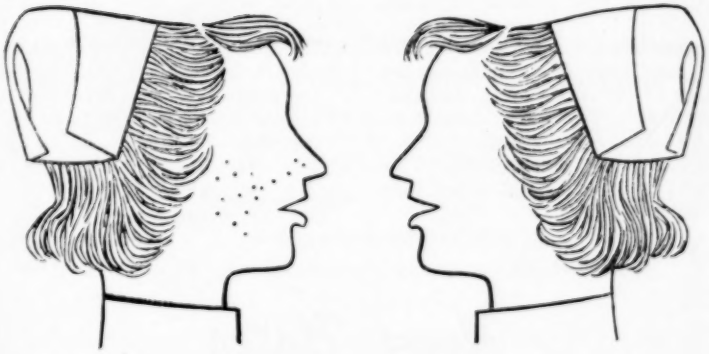
The nurses were students of the Jewish General Hospital, Montreal. The occasion was the beginning of the eight-day Jewish festival of *Chanukah*. The songs were songs of rejoicing in memory of an event in history many hundreds of years ago.

Chanukah is celebrated throughout the Jewish world — in the homes and in the synagogues. It is a time for thanksgiving and for the exchange of gifts. The festival marks the rededication of the temples in Palestine and the return to religious liberty following the defeat of the Syrians by the Jewish army under Judas Maccabeus some time between 168-165 B.C. The temple lights burned brightly, torches and candles glowed in the homes as the Jewish people rejoiced together after that victory. The use of light became such an important part of the celebration that Chanukah is also known as the Feast of Lights. Symbolic of the festival is the *menorah* — an eight-branched candlestick in which a candle is lit during each of the eight days of the festival.

This year, for the first time, the student nurses and the Women's Auxiliary of the Jewish General Hospital combined to celebrate the first evening of Chanukah. It was particularly appropriate that the little patients of the children's ward should form the first audience. Grouped in the solarium with their nurses and parents, they formed an attentive, appreciative audience. Under the direction of Mrs. Stotland, the student nurses' choir presented a special program

Chanukah celebration

In the treatment of acne —
rapid improvement with 'Acnomel'



'Acnomel' is a widely prescribed preparation that frequently brings definite improvement — not in months or weeks, but in a matter of days. It is flesh-tinted, washable and masks unsightly skin lesions while helping to heal them.

Acnomel's special vehicle removes excess oil from the skin and holds the active ingredients in prolonged, intimate contact with the skin.

'Acnomel' Cream is ideal for morning and evening use at home. 'Acnomel' Cake, in a handy compact, is made especially for use away from home. Both Cream and Cake look like make-up and are virtually invisible when applied.

For rapid improvement in acne, try 'Acnomel' Cream and Cake.

ACNOMEL*

Available at your local pharmacy

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850

of Chanukah songs. Then Dr. M. A. Simon gave the traditional blessing and lit the first candle of the menorah. A gift donated by the Women's Auxiliary was presented to each child as the first evening's observances came to a close.

Representatives of the board of directors, the administrative staff, the medical board, and their wives joined the student nurses, the director of nurses, Miss N. Mackenzie and other members of the nursing staff for a buffet dinner in the Nurses' Residence.

Victorian Order of Nurses

The following is the list of staff changes in the Victorian Order of Nurses for Canada.

Appointments — Mrs. *Lorraine Blackadar* (Ottawa Civic Hosp.) to Dundas, Ont. *Beverley Colt* (Royal Vic. Hosp., Montreal) to Lachine. Mrs. *Herta Enns* (Grace Hosp., Winnipeg) and *Dorothy Pokrant* (St. Boniface Hosp.) to Winnipeg. Mrs. *Rose Gillen* (St. Paul's Hosp., Saskatoon) to Saskatoon. *Joan Johnston* (Victoria Gen. Hosp., Halifax) and *Anne Prescott* (R.V.H., Montreal) to Halifax. Mrs. *Joan Ramsay* (Univ. of Alta.) to Prince Albert. *Margaret Saunders* (Saint John Gen. Hosp.) to Dartmouth. *Louise Sheppard* (R.V.H., Montreal) to Ottawa. Mrs. *Joan Thorstenstein* (O.C.H.) to Montreal. *Marlene Whittle* (Toronto Western Hosp.) to Toronto.

Transfers — *Mary Brebner* on leave of absence. *Mary Costie* to Hamilton. *Agnes Dick* to Lincoln-St. Catharines. *France McKenzie* to Winnipeg. *Eloise Stewart* to Saskatoon.

News Notes

ALBERTA

District 4

Medicine Hat

A drawing on a Christmas Hamper was held by the chapter. At a meeting late in the fall reports on a workshop institute, industrial nurses' conference and a provincial executive meeting were presented.

Municipal Hospital

November 27, 1957 was a gala day for many citizens of the city when the new 243-bed hospital and 106-bed nurses' residence were formally opened by Hon. Dr. J. J. Bowlen, the lieutenant-governor. Hundreds of visitors witnessed the official ceremonies, enjoyed conducted tours and were refreshed by the tea served in the hospital cafeteria by members of the Women's Auxiliary. The key to the hospital was placed in the care of N. Flanagan, hospital administrator. The key to the nurses' residence was put in the care of Miss Elizabeth Bietsch, director of nursing. To a student nurse, Miss Marilyn Binns, president of the Student Nurses' Union, went the honor of cutting the ribbon to officially open the nurses' residence.

The opening of this new institution serves to perpetuate a history of service dating back to 1889. At that time the first hospital in the Northwest Territories was established in this city. The present building is modern in all respects — the ultimate in comfort for the patients, facilities to expedite the work of the professional staff, and complete equipment and services for administrative work were all factors that were fully considered.

The nurses' residence is a lovely "home," with all the comforts implied by the word, for the nurses. Bright, airy, cheerful rooms with attractive color schemes and smart furnishings delight their occupants. Comfortable lounge rooms feature adjoining coffee bars that contribute much to the homelike atmosphere. Teaching facilities were also included in the residence plans as well as an assembly room seating 150 persons. All the elements required for the practical functioning of a residence have been combined with those aspects representing comfort and gracious living.

Provost

Members of the chapter are assisting with the Baby Clinics held by the public health nurse, Mrs. Gravert. The chapter Christmas party was held at the home of Mrs. Gladys McElhinney.

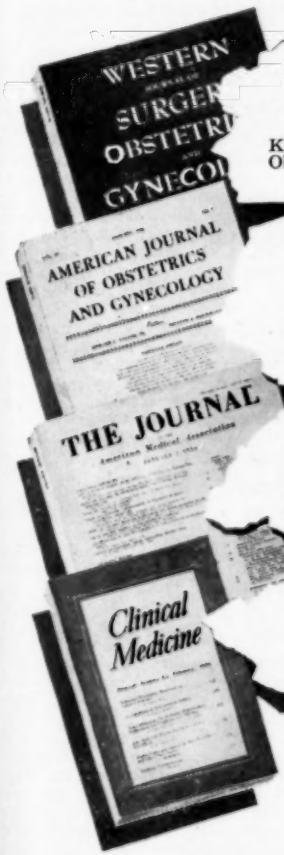
District 7

Edmonton

Chapter members completed revision of Chapter bylaws at a meeting late last fall and forwarded the results to the provincial office for approval. Miss Ruth Thompson, guest speaker for the evening, gave an interesting account of her trip to Rome and attendance at the I.C.N. Quadrennial.

TAMPAX

a clinically accepted method of menstrual hygiene



"Free from harm or irritation to the vaginal and cervical mucosa."

Karnaky, K. J.: Western Journal of Surgery, Obstetrics and Gynecology, Vol. 51, pp. 150-152.

"No evidence that the use of the tampon caused obstruction to menstrual flow."

Thornton, M. J.: American Journal of Obstetrics and Gynecology, Vol. 46, pp. 259-265.

"Does not impair standard anatomic virginity."

Dickinson, R. L.: The Journal of the American Medical Association, Vol. 128, pp. 490-494.

"Easy and comfortable to use and eliminated odor."

Sackren, H. S.: Clinical Medicine, Vol. 46, pp. 327-329.

Three absorbencies: Junior, Regular, or Super Tampax meet varying requirements.

TAMPAX

Professional samples and reprints of these papers furnished on request.

Canadian Tampax Corporation Limited, Brampton, Ont.

FootPrinter

How it simplifies your work—

1. JUST PRESS

No roller! No inking! Hollister "Dry Plate" FootPrinter yields perfect baby prints.

2. TAKE PRINT

For finest results, make print on high gloss Kromekote chart sheets, as shown above.

3. NO MESS

A quick, light sponging removes the last trace of color from baby's foot. Easy!

Let us tell you more about this unique "Dry Plate" FootPrinter that saves so much time and effort, write—

HANEY

Grace J. Wright has been appointed director of nursing of the new Maple Ridge Hospital. The official opening of the building took place in December.

VANCOUVER

General Hospital

Fifty years ago the alumnae association came into being. Plans are being made to observe the anniversary by a reunion. It is hoped that the reunion will coincide with the beginning of the province's centennial celebrations and the visit of Her Royal Highness, Princess Margaret. More details later. Graduates will be interested in the little booklet prepared by the Public Relations Dept. and soon to be published giving the history of the hospital from 1886 on.

B. (Witter) Du Gas has been appointed acting Associate Director of Nursing Education replacing H. Mussallem who is on leave of absence for a period of two years during which she will act as director of the pilot project on evaluation of schools of nursing. D. (Byers) Logan is acting senior instructor of the school of nursing. M. Renwick has joined the teaching staff and B. Penny has succeeded her as assistant building supervisor of the Health Centre for Children. L. Makepeace has been appointed matron of the Whitehorse Military Hospital with the rank of captain. P. (McMartin) Ranta was recently elected to the U.B.C. Senate. F. McQuarrie is the new assistant registrar of the R.N.A.B.C. D. (May) King has returned to England where she plans to nurse in a small hospital. C. Miller is working at the Kingston Military Hospital. Presently working in Honolulu are: V. McGregor '48, M. Henderson '53, H. Friesen '55, P. Dawson '55, L. Francis '55, L. Robinson '54, S. (Grey) Batty '56, S. Showler '56 and B. Burr '56. B. Madden is working in St. Joseph's Hospital, Comox. B. Hutchinson is now doing public health nursing in Sydney, N. S. E. Hayes is working in Edmonton. M. Moore has joined the staff of Burnaby Hospital and P. Adams is on the staff of a new hospital in Mayo, Yukon. B. (Barton) Howard-Gibbon is nursing in Prince George. M. Lantz '57 was last year's winner of the Elizabeth Bentley Eastern Star Scholarship and is studying at U.B.C.

St. Paul's Hospital

A. Friesen is studying nursing service administration at the University of Western Ontario. Louise Hempler has joined the staff of Victoria Hospital, London. Nancy Sawayama is working at Prince Rupert General Hospital. Beatrice Profitt, a new graduate who is presently on the staff of the Powell River General Hospital, placed second in the recent provincial examinations.

Baby's Own Tablets

satisfactorily relieved

every one of 40 babies* with

constipation

and 34 out of 35 babies* with

teething

gastrointestinal upset and malaise

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write . . .

Typical Case History

CASE #50. Baby R.S., age 12 months, weight 20 lb. 10 oz., had gastrointestinal discomfort and malaise associated with teething. Baby had no teeth as yet, but gums were tender, puffy and swollen. Baby was cranky, irritable, restless and couldn't sleep. Drooling was excessive; appetite poor.

BABY'S OWN TABLETS were given, one each night at bedtime.

Baby had satisfactory relief of symptoms. Appetite improved. First days, then nights, became more comfortable. Baby now has six teeth.

G. T. FULFORD CO., LIMITED, Brockville, Ontario

In feminine hygiene and therapy

Massengill Powder

An astringent, soothing vaginal douche, therapeutically valuable in the management of infection and as a routine cleansing agent. Its refreshing odor appeals to the most fastidious patient. Available in 3 and 6 oz. jars. Samples on request.

THE S. E. MASSENGILL COMPANY
BRISTOL, TENNESSEE

Distributed by Wingate Chemical Co., Ltd., Montreal, Quebec

MANITOBA

DISTRICT 2

BRANDON

General Hospital

Twenty-five members attended an alumnae meeting in the late fall at which Dr. J. Murray Matheson was the guest speaker. He gave an interesting address on thyrotoxicosis, its symptoms and treatment. At the business meeting it was announced that 600 newsletters had been mailed out — 30 had been returned with incorrect addresses — and correspondence indicates an increasing interest in the association. A Valentine Tea was planned as the next large social gathering.

ST. BONIFACE

St. Boniface Hospital

Margaret Kane, who for the past eight and one half years has been an orthopedic nurse in the state of Arizona, carries out her duties under unusual circumstances. She is an operating room nurse attached to an airborne orthopedic surgical clinic. Because of the emergency nature of her work, she must improvise operating rooms in jails, mine shafts, lumber camps and jet aircraft training bases. She is credited with inventing an instrument bag that makes it possible for the team to carry their special equipment pre-sterilized. Before joining this unit Miss Kane had been in charge of a lumber camp hospital in northern Arizona.

WINNIPEG

General Hospital

The December meeting of the alumnae association was especially arranged to observe the holiday season. A very short business session conducted by the president, Mrs. George Kent, preceded the Christmas program.

The student nurses' Glee Club, under the direction of Jean Spence, sang four selections with Frances Broadbent and Karen Benge as soloists. The choir led the audience in the singing of many well known Christmas hymns, following which they came down from the stage singing "We wish you a Merry Christmas," as they took their places in the audience. The guest speaker for the evening, Rev. Earle Gordon, minister of St. Andrews River Heights Church, narrated "The Legend of the Christmas Rose" — a simple tale of inspiration to those who accept the true meaning of Christmas.

Following the program, lunch was served by members of the classes from 1930 to 1940. Miss M. E. Cameron and Mrs. F. Allison presided at the coffee urns.

The Children's Hospital

The alumnae association held its annual Fall tea in the new nurses' residence on the day following the official opening of this ultra-modern building. Miss Jenny Boyd, a 1920 graduate who was evening supervisor for 14 years and is currently the personnel health supervisor, opened the tea. Student nurses conducted tours and a movie was shown every half hour of the move from the old building to the new one. Handicraft, homecooking and parcel post booths added to the financial success of the tea. Proceeds are being used to purchase furniture for the library.

NEW BRUNSWICK

MONCTON

Monthly chapter meetings have been held at the Hotel Dieu Hospital and in the new nurses' residence of Moncton Hospital. The sale of cook books was reported to be increasing.

Nurses' Hospital Aid

The opening of the nurses' residence of

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

OPPORTUNITIES FOR REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, and NURSING ASSISTANTS or PRACTICAL NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic and North-West Territories.

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(5) Nursing Assistants or Practical Nurses: up to $195 per month depending upon qualifications and location.

* Room and board in hospitals — at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

* Special compensatory leave for those posted to isolated areas.

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(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.

(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.

(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified **Registered Graduate Nurses** the following opportunities for advanced preparation:

1. A six-month *Clinical Course* in *Obstetrics.*
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These courses commence in JANUARY and SEPTEMBER of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

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POSTGRADUATE NURSING EDUCATION
for
MEDICAL NEUROLOGY AND BRAIN SURGERY

One year courses open to graduate nurses.
3 mo. full-time instruction in the school.
8 mo. clinical experience.
1 mo. vacation.
Certificate & Badge awarded.
Salary paid throughout the year.

For further particulars apply to the Matron,
THE NATIONAL HOSPITAL

the Moncton Hospital took place in December, 1957. Members of the Nurses' Hospital Aid served tea to guests attending the ceremonies. The December meeting was a Christmas party at the home of Mrs. Robert Oke and gifts were exchanged. A mystery box was won by Mrs. K. Mayhew. Mrs. R. Lewis, Mrs. A. Hans and Mrs. M. Perry were the recipients of lucky number prizes.

NEWCASTLE

A panel discussion based on "The Farce of Nursing Education" by Dr. H. B. Atlee formed the program for a recent chapter meeting. The audience participated in the discussion after the presentation by the speakers. The group did not agree with the statement that instructors in nursing allowed themselves to become "antiquated." The majority of instructors make a point of keeping themselves up to date. That nurses should be educated in the manner of medical students, receiving their teaching on the ward at the bedside of the patient, was felt to be a technique that should ony be carried out after careful consideration of the patient and his feelings. The concluding opinion expressed was that while our system of nursing education still leaves much to be desired, we do realize it and are making an effort to improve.

NOVA SCOTIA

SYDNEY

Agnes MacDonald recently resigned as president of the Cape Breton and Victoria Branch of the R.N.A.N.S. She will leave her teaching position at the Glace Bay General Hospital shortly to undertake missionary work in Africa. A gift was sent to her from the chapter and the best wishes of her friends for her success and happiness go with her into her new work. Mary Fagan, instructor of nurses at St. Rita Hospital, replaced Miss MacDonald as chapter president. Margaret MacDonald has accepted the position of vice-president. The annual meeting of the R.N.A.N.S. is to be held in June and members of the local branch are making plans for this event.

ONTARIO

DISTRICT 1

ST. THOMAS

Ontario Hospital

Mrs. Edith Reynolds has retired from the staff after a 10-year period of service. She had previously been with the Ontario Hospitals in London and Toronto. A tea in honor of Mrs. Reynolds was held prior to her leaving and gifts on behalf of the hospital and nursing staff were presented to her by Miss M. Graham, superintendent of nurses, and Mrs. M. Thompson.

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Versatile
Informed
Professional

Photograph by Ansel Adams

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Our nurses are VIP's . . . better known as Very Important People. Important to nursing, their patients and the scheme of things here, they don't stagnate — they have a chance to use their talents.

This renowned university medical center offers opportunity to advance through the many stages of clinical study in all fields. Courses at the University of Rochester are theirs to follow at half tuition, and time can be arranged for nurses wishing to study part time. Staff Nurse salaries $275-$305 per month, depending on experience. Ability recognized by promotions.

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CASH'S: 3 Doz. $1.80; 9 Doz. $3.00; NO-SO NAMES: 6 Doz. $2.40; 12 Doz. $3.50; 35¢ per tube

GODERICH

Alexandra and Marine Hospital

Miss Rosemary McGuire, night supervisor for the past 16 years, recently retired from nursing. A graduate of the former Alexandra Hospital of this city, Miss McGuire did postgraduate work in the Women's Hospital, Detroit, worked for a short time at St. Mary's Hospital in the same city, and finally engaged in private nursing until returning to Goderich in 1924. Private nursing occupied her time here until 1941 when she assumed the position of night supervisor. Members of the hospital board of directors, doctors and their wives, members of the graduate nurses' association, hospital administration personnel and many others gathered for a gay party in honor of Miss McGuire. Gifts were presented to her on behalf of the doctors, nurses and hospital board. On behalf of the hospital board, Mr. Kinkead received a framed picture of the guest of honor — a gift to the hospital from Mrs. Mary McLaren.

DISTRICT 4

ST. CATHARINES

General Hospital

Alumnae members, with graduate nurses on the hospital staff as their guests, had the pleasant privilege of hearing Miss Margaret Cork, representing the Alcoholism Research Foundation, discuss some of the problems of the alcoholic and the way in which nurses can help solve them. A successful tea and homebaking sale added substantially to "The Mack Home" fund. The annual Christmas dinner had a good attendance of members who enjoyed the musical program that followed. I. Patterson presented a delightful travelogue based on her recent trip to Palestine at one of the alumnae meetings.

OPERATING ROOM SUPERVISOR

REQUIRED IMMEDIATELY

for new 300-bed General Hospital, in operation since February, 1956.

For further information please apply:

DIRECTOR OF NURSING,
MEMORIAL HOSPITAL,
SUDBURY, ONTARIO

DISTRICT 5

TORONTO

Women's College Hospital

M. Robins has undertaken a research project under the guidance of the Department of Anesthesia. L. Hutton has completed studies in anesthesiology and is starting in private practice in Seattle. V. Treacy has returned from Germany and has joined the staff of Sunnybrook Hospital.

DISTRICT 6

BELLEVILLE

General Hospital

The annual alumnae Christmas party featured a buffet supper held in the dining room of the hospital. Gifts were exchanged and each guest contributed a small amount to be given to the Salvation Army. A very successful formal dance was held last fall with "Around the World in 80 Days" as the central theme. Programs for the meetings have been on the original side with a demonstration of hair styling and cutting on one occasion and a discussion of new fashions at a later gathering.

TRENTON

Memorial Hospital

Mrs. Elinor Rouse, a graduate of Toronto Western Hospital, was recently appointed director of nursing services succeeding Miss J. Pinney who has accepted a position in Montreal. Mrs. Rouse was previously associated with Red Cross Outpost hospitals at Blind River, Bancroft, Espanola and New Liskeard before coming to this institution as a supervisor when the building was opened in 1951.

QUEBEC

MONTREAL

Royal Victoria Hospital

Seven members attended a meeting of the Sydney chapter of the alumnae association late last fall. M. Bate was elected president of the Saint John chapter recently with Margaret (Darling) MacRae as secretary. L. Sheppard has joined the Ottawa branch of the V.O.N.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Registered Nurse for Matron immediately (small Municipal Hospital). Salary to start: $270 per mo. plus full maintenance, two $5.00 increases at 6-mo. intervals. Living quarters adjoining hospital. Apply: Sec.-Treas., Municipal Hospital, Cereal, Alberta.

Director of Nursing Service for 176-bed hospital with school of nursing. Full nursing staff presently available. Liberal personnel policies & salary. Apply Administrator, Victoria General Hospital, 424 River Ave., Winnipeg 13, Manitoba.

Operating Room Supervisor for large Sanatorium. Experience in Chest Surgery desirable. Salary according to qualifications. Good personnel policies. Apply Director of Nursing Service, The Beck Memorial Sanatorium, London, Ontario.

Night Supervisor, Head Nurse for Pediatric Department, General Duty Nurses to staff 2 new wings to be opened February, 1958. For full information regarding salary, hours of work, etc. please contact: Director of Nurses, Union Hospital, Swift Current, Saskatchewan.

Operating Room Supervisor (Postgraduate course in O.R. technique required) for 140-bed hospital. Full maintenance. Travel arrangements. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Obstetrical Supervisor for new department with rooming-in facilities & regular postpartum care. Closed staff. Responsible for delivery & labor section, constant care unit, postpartum & nursing division. B.S. Degree required with experience as head nurse. For further information, please write Mrs. Irene D. Lewis, Personnel Director, The Cleveland Clinic Foundation, 2020 E. 93rd St., Cleveland 6, Ohio.

Medical—Surgical Instructor. Classroom & clinical teaching. Classes approximately of 20 students. Apply Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Science Instructor, Nursing Arts Instructor (Immediately) for 148-bed General Hospital. School of nursing, 60 students — 2 classes per yr. For further information please apply: Director of Nursing, General Hospital, Brandon, Manitoba.

Pediatric Head Nurse with postgraduate or equivalent experience. Operating Room Nurses & General Duty Nurses for 110-bed hospital in the Fraser Valley, 68 mi. from Vancouver with good bus service. Personnel practices in accordance with the R.N.A.B.C. policies. Accommodation in residence if desired. Further particulars available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

Head Nurses & Registered General Duty Nurses for surgical, medical & obstetrical depts. Gross salary for nurses currently registered in Ont.: $235 per mo. — extra allowance made for head nurses. Good personnel policies. New facilities. Comfortable nurses residence. 8-hr. rotating shift, 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ day holiday allowed per mo., same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Superintendent, Lady Minto Hospital, Cochrane, Ontario.

Head Nurse for Medical Ward (30-bed unit). Supervisory ability necessary. **General Staff Nurses,** Pediatrics, Medicine & Surgery. Ontario registration necessary. Please apply Director of Nursing, Woodstock General Hospital, Woodstock, Ontario.

Assistant Head Nurses, Assistant Operating Room Nurse & Staff Nurses. Excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Staff Nurses — Registered & Practical for 56-bed mission hospital operated by the United Church of Canada. Basic Salaries: $235 & $180 respectively, with holiday pay, increments & travel allowances for service. Apply to Dr. J. E. Whiting, Administrator, Wrinch Memorial Hospital, Hazelton, British Columbia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $240 per month. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $320 with 4 annual increases to $360. Full maintenance $45 per mo. Liberal personnel policies. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $300 per mo. starting salary. $15 per mo. increases at 6, 12, 24, & 36 mo. 40-hr. wk. Paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Graduate Staff & Operating Room Nurses for 225-bed General Hospital, near New York City. Salary: $280, including benefits, $30 bonus for evening, $25 for night, extra for call duty. Apply Director of Nursing, St. John's Riverside Hospital, Yonkers, New York.

Registered Staff Nurses. Never a dull moment for the graduate nurses who decide they would like to join us at the University of Texas Medical Branch Hospitals. 40-hr. wk. in our air-conditioned hospitals leaving 128 hrs. to enjoy the beach & nearby resorts. Galveston boasts an average temperature in the low seventies which means that swimming, fishing, horseback riding & sailing can be enjoyed the yr. round Positions available in the clinical area of your choice. Monthly salary begins at $290 for rotating — $304, for extended evenings or nights. Uniforms laundered free. Liberal personnel policies & opportunities for advancement. Comfortable air-conditioned residences including maid service at moderate cost. Excellent opportunities for advanced study leading to both B.S. & M.S. degrees. Write for further information to Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas.

Registered General Duty Nurses (2) immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alta.

Registered General Duty Nurses (Immediately). Salary: $230 per mo. Excellent personnel policies. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses (4) for 105-bed Pembroke Cottage Hospital as replacements for ones who have been married. Pop. of town, 15,000. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active interesting community social life in heart of the beautiful Ottawa Valley. Active ski club, curling club & skating, also the home of the famous Pembroke Lumber Kings Hockey Team, 2-theatres & a "drive-in". Nurses residence is available if desired, 2 blocks from the hospital. Gross salary: $210-$235 with increase at the end of 6-mo. & 1 yr. 3-wk. vacation, 7 statutory holidays. 14-day sick leave. No night duty. Blue Cross Medical/Surgical participation. Forward application to the Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered General Duty Nurses for 142-bed hospital. Good personnel policies. Apply Director of Nurses, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

Registered Nurses for General Staff Duty & Operating Room in modern hospital opened February, 1956 & situated in the midst of one of Canada's most prosperous mining districts. Beginning salary: $240 per mo., plus annual bonus plan, merit increase in 6-mo. to $250 per mo., subsequent increases to $270. Sick leave accumulative to 60 days. Free laundering of uniforms. Partial refund of transportation. Apply Director of Nursing, Memorial Hospital, Regent St. S., Sudbury, Ontario.

Registered General Duty Nurses for County Hospital 45 mi. from center of Montreal with excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Two theatres, bowling curling & dancing. 8-mi. from summer resort on Lake St. Francis & 12-mi. from U.S. border. Gross salary: $215 per mo. Three $5.00 increases at 6-mo. intervals to maximum $230. 44-hr. wk. 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 1-mo. annual vacation, all statutory holidays. 2-wk. sick leave. Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., County Hospital, Huntington, Quebec.

Registered Nurses for modern 52-bed hospital in English speaking community, 50-mi. from Ottawa. Salary: $175 per mo., $10 extra for evening & night duty (two weeks). Straight 8-hr. with full maintenance. 44-hr. wk. Annual leave statutory holidays & sick leave. Fare advanced if required. Apply Superintendent, Pontiac Community Hospital, Shawville, Que.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $210 per mo., $5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Many attractive benefits. Board & accommodation available at minimum cost in new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital. Ormstown, Quebec.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for newly constructed 640-bed hospital. Salary: $338-$392 per mo. Paid vacation, sick leave & other outstanding benefits. California registration or eligibility for registration required. Apply: Administrator, Kern General Hospital, Bakersfield, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for 105-bed accredited General Hospital. Salary: $330-$360 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Director of Nurses, Glenn General Hospital, Willows, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses. Salary: $295, with periodic increases. Excellent personnel policies. For further information please contact Superintendent, City Hospital, Red Wing, Minnesota.

Registered General Duty Nurses (100-bed.) Good bedside nursing required. 40-hr. wk. Rotating duties. Excellent personnel policies. You can arrange for R.I. State Registration. Apply Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Registered Nurses! Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment." Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, T.B. San (adults and children) and Operating Room. Salaries: $285-$315, days; $10 differential for evenings and nights; $15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E., Albuquerque, New Mexico. Phone 3-5611.

Graduate Nurses for new, very modern 88-bed hospital in a pleasant progressive town. Salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

Graduate Nurses for private hospital in California's Central Valley. Starting salary: $320 per mo. days, $335 per mo. nights. 40-hr. wk., paid vacations, etc. Reasonable housing available. For information write, Administrator, West Side Community Hospital, Post Office Box B, Gustine, California.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses (2) for modern 35-bed hospital. Salary: $220 per mo. plus full maintenance, three, $10 per mo. annual increments. 1 mo. vacation with pay. 2-wk. sick leave. If employed for 1 yr. a refund of train fare from any point in Canada will be given. Apply to: Municipal Hospital, Two Hills, Alberta. Telephone: 335.

General Duty Nurses. $255. 40-hr. wk. 28-day vacation yearly plus 10 statutory holidays. Sick leave 1½ days monthly, accumulative after 6-mo. Room & full board $25 per mo. Fare from Vancouver advanced or refunded after 6-mo. service. Apply Matron, St. George's Hospital, Alert Bay, British Columbia.

General Duty Nurses. Salary: $240-$280, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses & Operating Room Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary $240-$273. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses. O.R. Scrub Nurse (1). For modern well equipped 100-bed general hospital in friendly community. Gross salary: $240 per month if currently registered in Ontario. 8 hr. rotating shifts. 44 hr. wk. 1 day off 1 wk. and 2 the next. 21 days vacation after 1 yr. 7 legal holidays. Good personnel policies. Apply, Miss Willamene R. Allan, General Hospital, Port Colborne, Ont.

General Duty Nurse for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling & skiing. Initial salary: $270. Maintenance, $45. 44-hr. wk. 4-wk. vacation with pay. Comfortable, attractive nurses' residence. Rail fare advanced if necessary. References required. Apply Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses. Starting salary: $260 per mo. & 4 annual increments of 5% to B.C. reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurse's residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurse: The Blanchard-Fraser Memorial Hospital (71-bed) located in Kentville, Nova Scotia, offers a General Duty Nurse ideal working conditions. 1 mo. annual vacation, excellent personnel policies plus modern living quarters with full maintenance in new nurses' residence. For further information apply to Superintendent of Nurses.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted for its great skiing on the Blue Mountains, along with ice skating & curling on artificial ice. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $235 per mo. if registered in Ontario, $215 per mo., until registration has been established. $20 per mo. bonus for evening & $10, night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 12 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

Nurses — General Duty: $330 up plus $20 p.m. shifts. **Surgery:** $430 plus $10 call-out. 40-hr. wk. Social security; paid vacation; 10-day sick leave. Hospital group insurance. 5-yr. salary & benefit increment. Apply Director of Nurses, Corning Memorial Hospital, Corning, California.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: $315, California registered — $285, Canadian registered. $22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

General Duty Nurses for 600-bed teaching hospital in central California. In-service educational program. Salary: $337-$396. 40-hr. wk. 11 holidays annually. Retirement & sick leave plan. Differential of $20 per mo. for 3 p.m.—11 p.m. & $15 per mo. for 11 p.m.—7 a.m. Apply Personnel Director, 732 East Main St., Stockton, California.

General Duty Nurses for 64-bed general short term approved hospital near Sacramento, 80 miles to San Francisco; close to many outdoor activities. Beginning salary: $325. Nurses' home available. Excellent working conditions. Write to Director of Nurses, Woodland Clinic Hospital, Woodland, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary: $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in psychiatry & pediatrics on a segrated service. Apply Superintendent, Community Hospital, Alamosa, Colorado.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

invites applications for the position of Professional Secretary in Provincial Office

*****Advanced preparation & experience in nursing service administration essential.**

*****MISS FLORENCE H. WALKER,**

EXECUTIVE SECRETARY, 35 PRICE STREET, TORONTO 5.

Wanted — Professional Nurses eligible for registration in Washington, D.C. Staff Nurse positions in 620-bed hospital for medical and surgical diseases of the chest; salary $4,080 per annum; $135 yearly increment; vacation, sick leave, retirement policies; 40-hour week; rotating shifts; active staff orientation program, progressive education programs for staff, student and patient personnel; uniforms laundered free; comfortable maintenance available at modest rates. Opportunity for university study. Write to Director of Nursing, Glenn Dale Hospital, Glenn Dale, Maryland.

Operating Room & General Duty Nurses for new 63-bed hospital, 35-mi. from Vancouver. Hospital expected to open about January, 1958. Apply Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Assistant Science Instructor immediately. **Nursing Arts Instructor** for August. New (1953) teaching unit in 196-bed hospital. 85 students. One class per year. Good personnel policies. Apply, Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alta.

For Modern 42-bed Hospital — **Operating Room Nurse,** starting salary, $260. **General Duty Nurses,** starting salary for new graduates, $245, with 2 years experience, $255, provided Ontario registration is obtained. Annual increments; 6% bonus for shift work. 44-hr. wk. with 8 paid statutory holidays. Annual vacation, 21 days first year, 28 days, second year. 1½ days sick time per mo. Good living accommodations available. Apply to Superintendent of Nurses, General Hospital, Sioux Lookout, Ontario.

Pediatric Nurses (Interested in total pediatric experience) for 100-bed service in new air-conditioned University teaching hospital. Experience includes premature, isolation, surgical specialties in addition to general pediatric nursing. Active inservice participation. Salary: For rotation, $290 per mo., evening or night, $304. Good personnel policies. Abundant recreational facilities. Apply Director, Nursing Service, University of Texas Medical Branch Hospital, Galveston, Texas.

Experienced Delivery Room Nurse for obstetrics & **Assistant Operating Room Nurse** for 30-bed hospital. To start January 15 - 30. Preferably bilingual. Starting salary dependent on experience; minimum: $300 per mo. Please reply directly to Dr. D. S. Thurber, Medical Director, Boisvert Memorial Hospital, Baie Comeau, Quebec.

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $250 to $290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

NURSING ARTS INSTRUCTOR To teach fundamentals of nursing and assist with medical-surgical nursing.

SCIENCE INSTRUCTOR To teach anatomy and physiology, chemistry, and assist with medical-surgical nursing.

HEALTH INSTRUCTOR In charge of student health service; teach health, microbiology and sociology; assist with medical-surgical nursing. **(Certified in teaching and supervision or public health nursing.)**

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONT.

Public Health Nurse (Qualified). Generalized program, includes some bedside nursing. Salary: $3,200 to $4,250. Annual increment: $150. 5-day wk. Car provided or car allowance. Apply to Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ontario.

Baker Memorial Sanatorium. Calgary, Alberta, offers to Graduate Nurses a 6-mo. postgraduate course in Tuberculosis. Salary: $3,240 to $3,720 per annum. Openings also available for **General Duty Nurses.** Residence with board, if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply to: Superintendent of Nurses.

Lecturer in Medical-Surgical Nursing for September 1, 1958. Apply to: Director, School of Nursing, McMaster University, Hamilton, Ontario.

Registered General Duty Nurses (2). 8-hr. day. 1-mo. annual vacation. Good working conditions. For further information apply Matron, Grand Manan Hospital, North Head, Grand Manan, New Brunswick.

Laboratory Technician (1), X-Ray Technician for active 35-bed hospital, 50 miles from Toronto. Good living accommodation in nurses' residence. Good personnel policies. For further information please apply to Superintendent, Stevenson Memorial Hospital, Alliston, Ontario.

Registered Nurses (2) bilingual, as soon as possible for privately owned 10-bed hospital. Salary: $200 per mo. Pleasant surroundings. Convenient boarding places. Winter sports — skiing a specialty. Please apply Mr. R. Couture, Manager, St. Paul's Hospital, St. Jovite, Quebec.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Good salary & personnel policies. Residence accommodation available. Please apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

Ward Supervisors (2) for rotating service (days, evenings, nights) immediately for 150-bed tuberculosis hospital. First letter should **give** full details, age, training, experience, salary & date available. Apply: Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

Instructors in Nursing, Pediatrics, Obstetrics. Classroom & clinical teaching. 103 students, 400 patients. Positions require qualifications. For particulars apply: S. S. Delphina, Director, School of Nursing, Misericordia Hospital, Edmonton, Alberta.

Psychiatric Clinical Instructor to teach affiliating students in an 8-wk. program. Salary: $330 to $390 per mo. Excellent fringe benefits. 1,500-bed active treatment mental hospital. Position open after February 1, 1958. Apply, stating qualifications & experience to the Superintendent of Nurses, Provincial Mental Hospital, Ponoka, Alberta.

PUBLIC HEALTH NURSES (Grade 1)

BRITISH COLUMBIA CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centers in British Columbia. Salary: $290 rising to $345 per mo. Car provided. An opportunity for interesting & challenging professional service in this beautiful & fast-developing province. Competition No.: 57:591.

For information & application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPT. OF HEALTH, VICTORIA, B.C. OR THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN ST., VICTORIA, B.C.

The
Ontario Society for Crippled Children

requires

EXPERIENCED PUBLIC HEALTH NURSES

GOOD SALARY RANGE

and

PERSONNEL POLICIES

For further information apply to:

THE SUPERVISOR OF NURSING SERVICES,
ONTARIO SOCIETY FOR CRIPPLED CHILDREN,
92 COLLEGE STREET, TORONTO 2, ONTARIO

Openings for teaching personnel in clinical fields — Medical, Surgical, Orthopedic & Class Room Instructor in Nursing Arts. Applications to be made to: Director of Nursing, Royal Alexandra Hospital School of Nursing, Edmonton, Alberta.

Needed dedicated Christian **Registered Nurses** for Esperanza General Mission (22-bed hospital). Opportunities for witnessing for the Lord. Salary: $100 clear. 6-day wk. 10-hr. day. Apply Dr. H. A. McLean, Ceepeecee, Vancouver Island, British Columbia.

Registered Nurses for general staff appointments, Medical, Surgical, Obstetrical services. Good salaries & personnel policies. Please apply Director of Nursing, St. Vincent de Paul Hospital, Brockville, Ontario.

Registered or Graduate Nurses for 22-bed hospital situated along U.S.A. border. Please apply to Superintendent, Grand Falls Hospital, Grand Falls, New Brunswick.

General Duty Nurses for 450-bed fully approved hospital. Salary Range: $388-$407 per mo. 3-11 p.m. and 11-7 a.m. duty. 40 hr. wk. Two consecutive evenings or nights off. 7 holidays per yr. Paid vacation. California registration or permit to work required. Nurses' residence rooms at reasonable rates. 4 uniforms laundered free per wk. Accumulative sick time based on length of service. Employee pensions and disability benefits under Railroad Act. Free hospitalization plan. Railroad passes based on length of service. Apply, The Chief Nurse, Southern Pacific Railroad Hospital, 1400 Fell Street, San Francisco, California.

Position Wanted

Senior Laboratory Technician — Male, 36, married, with years of experience in various clinical laboratories & T.B. survey. Excellent references, supervisory ability, able to take charge, wishes permanent position in active medium size hospital (100-200 beds). Preferably in northern or N.W. Ontario or B.C. interior. Available: May/June, 1958. Please apply to Box S, The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Que.

NEW SOUTH PEEL HOSPITAL, COOKSVILLE, ONTARIO

(12 miles west of Toronto)

Hospital to open approximately April, 1st, 1958

Staff Required:

Supervisors — Operating Room, Central Supply Room, Obstetrics, Evening, Night.
Head Nurses — for all services.
General Duty — for all services.

Generous benefits, 40-hr. work week.

For further particulars apply:

Director of Nursing, South Peel Hospital, Cooksville, Ontario.

THE PETERBOROUGH CIVIC HOSPITAL

SCHOOL OF NURSING

requires

CLINICAL INSTRUCTORS

in

Medicine, Surgery & Obstetrics

Apply to:

The Director of Nursing,
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO.

Applications are requested by

WOODSTOCK GENERAL HOSPITAL

SCHOOL OF NURSING

for

INSTRUCTORS

1. Nursing Arts Instructor
2. Medical Clinical Instructor by July 1st, 1958.

Good Personnel Policies.

1 Year university plus experience in teaching & supervision.

Apply to:

DIRECTOR OF NURSING,
WOODSTOCK GENERAL HOSPITAL

EXECUTIVE SECRETARY TREASURER

The Saskatchewan Registered Nurses' Association invites applications for the position of Executive Secretary Treasurer.

Applicants must have experience in Nursing Service and Nursing Education.

Experience or postgraduate study in Administration would be an asset.

Apply in writing stating qualifications, experience and salary expected to:

MISS LUCY D. WILLIS, PRESIDENT, S.R.N.A.,
SCHOOL OF NURSING,
UNIVERSITY OF SASKATCHEWAN,
SASKATOON, SASKATCHEWAN.

OPERATING ROOM SUPERVISOR

HAMILTON GENERAL HOSPITAL
HAMILTON, ONTARIO

All types of surgery are done, including cardiac, urological, plastic, & neurosurgery. Approximately 11,000 to 12,000 operations annually.

26 GRADUATE NURSES ON THE STAFF

Excellent salary for well-qualified person. 42-hr. wk. 4-wk. vacation, cumulative sick leave & other attractive personnel policies.
Applicants are asked to submit a record of their experiences & qualifications. A personal interview will be arranged.

For information write or wire
DIRECTOR OF NURSING.

NEW MOUNT SINAI HOSPITAL

Toronto

Modern 400-bed Hospital

requires

REGISTERED NURSES

and

Certified Nursing Assistants

Good Salaries and Personnel Policies

Residence Facilities Available

Apply

DIRECTOR OF NURSING
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO

PUBLIC HEALTH NURSES

CITY OF OSHAWA

To begin duties January, 1958

Salary: $3,250 minimum
$4,000 maximum

Annual increments: $200.

Transportation provided.

Employer shared Pension & Hospitalization Plans.

Apply in writing, stating experience to:

DR. C. C. STEWART, M.O.H.,
50 CENTRE STREET,
CITY HALL, OSHAWA, ONTARIO.

NURSE EDUCATORS — for three-year basic schools of nursing. General nursing, medical & surgical, nursing service administration, public health, pediatrics.

REQUIREMENTS — Teaching qualifications and experience.

NURSE EDUCATORS — for university schools of nursing. General nursing, nursing service administration, obstetrics & pediatrics, public health/mental health.

Requirements — Master's degree preferred.

SENIOR NURSE CONSULTANTS WITH PUBLIC HEALTH

Requirements — experience in teaching, supervision & administration.

Additional language needs in several countries:

French-speaking Nurse Educators,

Midwife Teachers & Public Health Nurse Supervisors.

Arabic-Speaking Nurses, Male and Female.

Anyone having the necessary qualifications & experience should apply by letter in the first instance to:

PERSONNEL SECTION, WORLD HEALTH ORGANIZATION, PALAIS DES NATIONS, GENEVA, REFERRING TO THIS ADVERTISEMENT

CAMP NURSES

ONTARIO SOCIETY FOR CRIPPLED CHILDREN

requires

Graduate Nurses for 5 camps for crippled children during the 1958 season.

For further information apply to:

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